



Michigan Supreme Court

State Court Administrative Office

Trial Court Services Division

Michigan Hall of Justice

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December 2017 Release of SCAO-Approved Court Forms

Below is a list of SCAO-approved court forms developed and revised by the Michigan Court Forms Committee at its annual fall meetings. An explanation of the changes to each form is provided, along with instructions on use of previously approved versions and a copy of the form with the changes highlighted. Bookmarks for navigating to the highlighted forms are provided for your convenience.

You can access ZIP files of these forms from the [One Court of Justice website](#) or individually by clicking the links below. You can also purchase the forms in other formats from printers, publishers, and software companies. See the [Court Forms Printers and Publishers list](#).

When forms are revised, instructions are provided about using existing paper stock (NCR or carbon-interleaved sets) of older versions. This does not apply to print-on-demand paper forms that are generated electronically. Previously-approved versions of any revised forms in electronic format must be updated as soon as the new versions are published irrespective of instructions regarding the use of existing stock.

For questions, comments, or suggestions about these court forms, contact 517-373-2217 or CourtFormsInfo@courts.mi.gov.

JC 01, Complaint (Request for Action, Delinquency Proceedings)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

JC 02, Complaint (Request for Action, Child Protective Proceedings)

Most recent update: DELETED

- Click here to see the changes highlighted.

This form was deleted because it is not being used by courts or agencies.

For a detailed discussion of changes, see the [meeting minutes](#).

JC 04b, Petition (Child Protective Proceedings)

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

Item 3c was added to comply with MCR 3.961(B)(2)(d). The authorization section was modified to apply only to preliminary inquiry and not to preliminary hearings by removing “and/or hearing” from item 9. Authorization of a petition after a preliminary hearing should be completed in form JC 11a.

Outside the committee process, checkbox options were added to item 4 to include the jurisdictional options of MCL 712A.2(b)(3). Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

JC 19, Order After Dispositional Review/Permanency Planning Hearing (Child Protective Proceedings)

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

A new item 20 was added to accommodate the reasonable prudent parent standard listed in MCL 712A.19a(5), as amended by 2016 PA 497. An error was corrected in the footer citation of MCR 3.921.

For a detailed discussion of changes, see the [meeting minutes](#).

JC 49, Order of Adjudication (Child Protective Proceedings)

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

Spelling errors were corrected in items 13b, 15a, and 15b.

Outside the committee process, checkbox options were added to item 10 to include the jurisdictional options of MCL 712A.2(b)(3).

For a detailed discussion of changes, see the [meeting minutes](#).

JC 53, Notice to Putative Father

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

The citation MCR 3.921(C) was corrected to MCR 3.921(D). Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

JC 73, Order Delaying Sentence (Designated Case)

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

Item 15, which states “_____ shall participate in treatment programs reasonably available to the parent(s), guardian, or legal custodian” was removed because funding for the item is unclear and could be used mistakenly. Citation and grammatical corrections were made.

For a detailed discussion of changes, see the [meeting minutes](#).

JC 83, Affidavit of Efforts to Locate Absent Parent

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Item 2f, which referenced a free parent locator service through MDHHS, was removed because it is no longer available. Grammatical corrections were made throughout the form. The citation to SCAO ADM 2005-07 was removed from the footer because it is no longer posted on line and contains no legal or procedural requirements.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 100, Petition for Emancipation, Affidavit, and Waiver of Notice

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 102, Petition to Rescind Order of Emancipation

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 556, Petition and Order for Assignment

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

A new item 8 was added to the form to allow for denial or dismissal/withdrawal of a petition. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 562, Notice of Hearing

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

The citation to MCR 3.002(5) was updated to MCR 3.002(12). Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 565, Testimony to Identify Heirs

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. A citation to MCL 700.2103 was added to the footer.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 579, Statement and Proof of Claim

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

The statement “A hearing will be held to determine whether to allow the claim” was modified to “Upon petition and notice to interested persons, a hearing will be held whether to allow the claim” to clarify that a petition and notice must be filed before a hearing will be held. Citations to MCR 5.208(E) and MCR 5.307(D) were added to the footer. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 593, Petition for Complete Estate Settlement, Testacy Previously Adjudicated

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

Forms PC 593, Petition for Complete Estate Settlement, Testacy Previously Adjudicated and PC 594, Petition for Adjudication of Testacy and Complete Estate Settlement were combined to help petitioners file the correct petition, thereby reducing adjournments and delays in finalizing estate administration.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 594, Petition for Adjudication of Testacy and Complete Estate Settlement

Most recent update: DELETED, Merged into PC 593

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

This form was deleted and merged with PC 593.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 621, Receipt of Property from Conservator

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 6/30/2018

- Click here to see the changes highlighted.

Checkbox options were added to this form to indicate under what authority a person is receiving property from a conservator. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 631, Order Regarding Appointment of Guardian of Incapacitated Individual

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

A new item 14 was added to this form to allow the court to discharge an attorney or guardian ad litem. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 634, Annual Report of Guardian on Condition of Legally Incapacitated Individual

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

An additional signature block was added to this form to accommodate co-guardian situations. Writing space was adjusted.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 638a, Order Regarding Termination/Modification of Guardian for Minor or LII/Conservator

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

A new item 13 was added to this form to allow the court to discharge an attorney or guardian ad litem. A writing space for the attorney's name and address was added. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 638b, Order Regarding Termination/Modification of Guardian for Individual with Developmental Disability

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

A writing space for the attorney's name and address was added. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 640, Order Regarding Appointment of Conservator

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

A new item 13 was added to this form to allow the court to discharge an attorney or guardian ad litem. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 650, Petition for Appointment of Limited Guardian of Minor

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Grammatical corrections were made and standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

[PC 650-I, Petition for Appointment of Limited Guardian of Indian Child \(Voluntary Guardianship\)](#)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Grammatical corrections were made and standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

[PC 651, Petition for Appointment of Guardian of Minor](#)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Grammatical corrections were made and standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

[PC 651-Ia, Petition for Appointment of Guardian of Minor Indian Child \(Voluntary Guardianship\)](#)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Grammatical corrections were made and standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 651-Ib, Petition for Appointment of Guardian of Minor Indian Child (Involuntary Guardianship)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Grammatical corrections were made and standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 653, Order Regarding Appointment of Guardian/Limited Guardian of Minor

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. A new item 13 was added to this form to allow the court to discharge an attorney, guardian ad litem, or lawyer-guardian ad litem. Standards were applied.

For a detailed discussion of changes, see the meeting minutes on [page 5](#) and [page 10](#).

PC 653-I, Order Regarding Appointment of Guardian/Limited Guardian of a Minor Indian Child

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 654, Annual Report of Guardian on Condition of Minor

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. An additional signature block was added to this form to accommodate co-guardian situations. Writing space was adjusted. Grammatical corrections were made and standards were applied.

For a detailed discussion of changes, see the meeting minutes on [page 5](#) and [page 12](#).

PC 662, Letters of Guardianship of Individual with Developmental Disability

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

A writing space for the guardian's phone number was added for easy reference. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 663, Report of Guardian on Condition of Individual with Developmental Disability

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

An additional signature block was added to this form to accommodate co-guardian situations. Writing space was adjusted.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 670, Minor Guardianship Social History

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages. Standards were applied.

For a detailed discussion of changes, see the meeting minutes on [page 5](#) and [page 13](#).

[PC 675, Petition to Terminate/Modify Guardianship](#)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- [Click here to see the changes highlighted.](#)

Revisions were made to accommodate same-sex marriages.

For a detailed discussion of changes, see the [meeting minutes](#).

[PC 678, Notice of Guardianship Proceedings Concerning An Indian Child](#)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- [Click here to see the changes highlighted.](#)

Revisions were made to accommodate same-sex marriages.

For a detailed discussion of changes, see the meeting minutes on [page 3](#) and [page 5](#).

[PC 684, Application and Order for Appointment of Out-of-State Guardian of a Minor](#)

Most recent update: (12/17) version

Use of existing paper stock: Can be used until depleted

- [Click here to see the changes highlighted.](#)

Revisions were made to accommodate same-sex marriages. Standards were applied.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 686, Consent by Parent/Indian Custodian to Guardianship of Indian Child

Most recent update: (12/17) version

Use of existing paper stock: Cannot be used after 12/31/17

- Click here to see the changes highlighted.

Revisions were made to accommodate same-sex marriages.

Outside the committee process, the form was modified to comply with 25 USC 1913(a), which states that voluntary consent to foster care placement or termination of parental rights of an Indian child is not valid unless recorded before a judge of a court of competent jurisdiction. References to “referee” were removed.

For a detailed discussion of changes, see the [meeting minutes](#).

PC 688, Order of Investigation and Notice of Hearing on Guardianship of Indian Child

Most recent update: NEW FORM

Use of existing paper stock: N/A

- Click here to see the changes highlighted.

The creation form is mandated by MCR 5.402(E)(5) and is used when a court discovers that a child may be an Indian child after a guardianship has been ordered.

For a detailed discussion of changes, see the [meeting minutes](#).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	COMPLAINT (REQUEST FOR ACTION, DELINQUENCY PROCEEDINGS)	CASE NO. PETITION NO.
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Court address

Court telephone no.

1. In the matter of

name(s), alias(es), DOB

2. Date of birth	3. Sex	4. Race	5. Member of or eligible for membership in Indian Tribe		
6. Height	7. Weight	8. Eye color	9. Hair color	10. School/District	11. Municipality and county of legal residence

BASIS FOR REQUEST

12. Brief statement of the allegations and basis for any request for court-ordered apprehension, including the citations and date, time, and location of offense

☐ Operator/Chauffeur driver license
 ☐ Commercial driver license
 ☐ No license
 Vehicle type

13. Codefendant(s): name(s), alias(es), DOB

SOCIAL INFORMATION

14. Parent's name	Address	Home phone	Work phone
15. Parent's name	Address	Home phone	Work phone
16. Stepparent's name	Address	Home phone	Work phone
17. Guardian/Legal custodian's name	Address	Home phone	Work phone
18. Divorced? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of divorce	Place of divorce: (county, state)	
19. Custody to: (Specify name and include address if not previously listed)			
20. Juvenile living with: (Specify name and relationship)			

REQUEST**21. I REQUEST**

- ☐ a. a petition be authorized.
☐ b. the court review the information and make an appropriate disposition.
☐ c. an order be issued to apprehend the juvenile pending the preliminary hearing pursuant to MCR 3.933(B).
☐ permission to enter the premises at _____
☐ d. an order be issued to detain the juvenile pending the preliminary hearing pursuant to MCR 3.934(B).

I declare that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Complainant's signature	Date
Print or type name	Address/Agency
	Telephone no.

CUSTODY Fill out completely

22. Basis for apprehension by police without court order

- ☐ The officer had reason to believe that because of the nature of the offense, the interest of the juvenile or the interest of the public would not be protected by release of the juvenile.
- ☐ Parent/guardian/legal custodian could not be located or refused to take custody of the juvenile.

23. Check if applicable

- ☐ Miranda warning given ☐ Attorney present
- ☐ Offense admitted ☐ Fingerprints taken
- ☐ Offense denied ☐ Photograph taken
- ☐ Parents/Guardian/Legal custodian present ☐ Line-up held

24. Release and recognizance

I acknowledge that the juvenile has been released to my custody, and I promise to bring the juvenile to the court upon notice.

Date _____

Signature _____

Relationship to juvenile _____

NOTIFICATION TO PARENT, GUARDIAN, OR LEGAL CUSTODIAN

25. I notified or attempted to notify the person(s) listed below about the date, time, and place of the preliminary hearing. The method of contact or attempted contact is described below and includes the date and time of notification for each.

26. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
27. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
28. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
29. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time

ADDITIONAL COMMENTS

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	COMPLAINT (REQUEST FOR ACTION, CHILD PROTECTIVE PROCEEDINGS), PAGE 1	CASE NO. PETITION NO.
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Court address _____ Court telephone no. _____

1. In the matter of:

a. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
b. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
c. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
d. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
e. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
f. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other

BASIS FOR REQUEST

2. See page 2 for a statement of the allegations, including the dates and date, time, and location of alleged abuse or neglect, and the basis for any request for court-ordered protective custody. If any child is Indian as defined in MCR 3.002(12), state that fact along with the child's name and the name of the tribe, if known.

SOCIAL INFORMATION

3. Father's name	R	DOB	LF C#	PFC#	Address	Home phone	Work phone
4. Father's name	R	DOB	LF C#	PFC#	Address	Home phone	Work phone
5. Father's name	R	DOB	LF C#	PFC#	Address	Home phone	Work phone
6. Father's name	R	DOB	LF C#	PFC#	Address	Home phone	Work phone
7. Mother's name	R	DOB	Address			Home phone	Work phone
8. Guardian's/Legal custodian's name	R	DOB	Address			Home phone	Work phone
9. Nonparent adult respondent's name		DOB	Address			Home phone	Work phone

Instructions for items 3 through 8. If the father/mother/guardian or legal custodian is a respondent, place a check mark in the column R. If the father is a legal father, indicate for which child(ren) by placing the corresponding numbers 1a, 1b, 1c, etc. in the column LF C#. If the father is a putative father, indicate for which child(ren) by placing the corresponding numbers 1a, 1b, 1c, etc. in the column PF C#.

10. ☐ An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

REQUEST

11. I REQUEST:

- ☐ a. a petition be authorized.
☐ b. the court review the information and make an appropriate disposition.
☐ c. an order be issued to take the child into protective custody pending a preliminary hearing pursuant to MCR 3.963(B).
☐ permission to enter the premises at _____.

I declare that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Complainant's signature	Date
Print of type name	Address/Agency
	Telephone no.

STATE OF MICHIGAN
JUDICIAL CIRCUIT - FAMILY DIVISION
COUNTY

**COMPLAINT (REQUEST FOR ACTION,
CHILD PROTECTIVE PROCEEDINGS), PAGE 2**

**CASE NO.
PETITION NO.**

Court address

Court telephone no.

In the matter of

CUSTODY Fill out completely

12. Basis for protective custody by police without court order

☐ After investigation, the officer had reasonable grounds to believe that the child(ren) is/are at substantial risk of harm or is/are in surroundings that present an imminent risk of harm and the child(ren)'s removal from those surroundings is necessary to protect the child(ren)'s health and safety.

The parent(s), guardian, or legal custodian ☐ was/were ☐ was/were not present.

NOTIFICATION TO PARENT, GUARDIAN, OR LEGAL CUSTODIAN

13. I notified or attempted to notify the person(s) listed below about the date, time, and place of the preliminary hearing. The method of contact or attempted contact is described below and includes the date and time of notification for each.

14. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
15. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
16. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
17. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time

STATEMENT OF ALLEGATIONS

Provide the physical description for each child including height, weight, eye color, and hair color.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION (CHILD PROTECTIVE PROCEEDINGS) <input type="checkbox"/> Supplemental 	CASE NO. PETITION NO.
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Court address
ORI

Court telephone no.

MI-

1. In the matter of (State the name, county of legal residence, race, sex, and date and place of birth of each child, and indicate with whom the child lives.)

a. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
b. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
c. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
d. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
e. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
f. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
g. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other
h. Name of child and county of legal residence	Race	Sex	Date and place of birth	Living with:	<input type="checkbox"/> Father
				<input type="checkbox"/> Mother	<input type="checkbox"/> Other

2. The names and addresses and other relevant information of the parents, guardian, legal custodian, or nearest known

relative are as follows: If the father/mother/guardian or legal custodian is a respondent, place a check mark in the column R. Name each father's children and indicate for which child the father is a legal father by placing (LF) after the name of each child. If there is no (LF) designation, the father is presumed to be the putative father of the named child. For example: John Doe (LF), Mary Doe (LF).

a. Father's name	R	DOB	Address	Telephone no.
Name(s) of child(ren)				
b. Father's name	R	DOB	Address	Telephone no.
Name(s) of child(ren)				
c. Father's name	R	DOB	Address	Telephone no.
Name(s) of child(ren)				
d. Father's name	R	DOB	Address	Telephone no.
Name(s) of child(ren)				
e. Father's name	R	DOB	Address	Telephone no.
Name(s) of child(ren)				
f. Father's name	R	DOB	Address	Telephone no.
Name(s) of child(ren)				
g. Mother's name	R	DOB	Address	Telephone no.
h. Mother's name	R	DOB	Address	Telephone no.
i. Nonparent adult respondent's name		DOB	Address	Telephone no.
j. Guardian/Legal custodian's name	R	DOB	Address	Telephone no.

See additional pages.

3. ☐ a. There is no other pending or resolved action within the jurisdiction of the family division of the circuit court involving the family or family members of the minor.

☐ b. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

☐ c. List any other court with prior continuing jurisdiction: _____

4. The named child(ren) come within the provisions of MCL 712A.2(b)(1)-(5) as follows (check all that apply): (See page 3 for specific allegations.)

☐ _____ is a/are member(s) of or eligible for membership in the _____ Indian tribe. ☐ Removal is requested below and attached are details describing the active efforts made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and documentation and attempts to identify the child's tribe.

☐ A military/nonmilitary affidavit is attached.

☐ The parent or other person legally responsible for the care and maintenance of the child(ren), when able to do so, neglected or refused to provide proper or necessary support, education, medical, surgical, or other care necessary for the child(ren)'s health or morals, or he/she has subjected the child(ren) to a substantial risk of harm to his or her mental well-being, or he/she has abandoned the child(ren) without proper custody or guardianship.

☐ The home or environment, by reason of neglect, cruelty, drunkenness, criminality, or depravity on the part of the parent, guardian, nonparent adult, or other custodian, is an unfit place for the child(ren) to live.

☐ The parent has substantially failed, without good cause, to comply with a limited guardianship placement plan for the child(ren) pursuant to MCL 700.5205.

☐ The parent has substantially failed, without good cause, to comply with a court-structured plan for the child(ren) pursuant to MCL 700.5207 and 700.5209.

☐ The child(ren) has/have a guardian pursuant to the estates and protected individuals code and the parent meets both of the following criteria: (i) the parent, having the ability to support or assist in supporting the child(ren), has failed or neglected, without good cause, to provide regular and substantial support for two years or more before the filing of the petition or, if a support order has been entered, has failed to substantially comply with the order for two years or more before the filing of the petition, and (ii) the parent, having the ability to visit, contact, or communicate with the child(ren), has regularly and substantially failed or neglected, without good cause, to do so for two years or more before the filing of the petition.

☐ The juvenile is in danger of substantial physical or psychological harm and is dependent because

☐ the juvenile is homeless or not domiciled with a parent or other legally responsible person.

☐ the juvenile has repeatedly run away from home and is beyond the control of a parent or other legally responsible person.

☐ the juvenile is alleged to have committed a commercial sexual activity as that term is defined in MCL 750.462a or a delinquent act that is the result of force, fraud, coercion, or manipulation exercised by a parent or other adult.

☐ the juvenile's custodial parent or legally responsible person has died or has become permanently incapacitated and no appropriate parent or legally responsible person is willing and able to provide care for the juvenile.

☐ 5. The reason(s) why it is contrary to the welfare of the child(ren) for the child(ren) to remain in the home are: (Attach separate sheets as needed.)

☐ 6. The reasonable effort(s) made to prevent the removal of the child(ren) include: (Attach separate sheets as needed.)

7. The specific allegations are: (Attach separate sheets as needed.)

8. **I request** the court to

- ☐ a. refer the matter to alternative services.
- ☐ b. authorize this petition and take jurisdiction over the child(ren). Further, I request the court to
☐ issue an order removing ☐ the child(ren) ☐ the abuser from the home.
- ☐ c. terminate parental rights of father to child(ren) ☐ 1.a. ☐ 1.b. ☐ 1.c. ☐ 1.d. ☐ 1.e. ☐ 1.f. ☐ 1.g. ☐ 1.h.
- ☐ d. terminate parental rights of mother to child(ren) ☐ 1.a. ☐ 1.b. ☐ 1.c. ☐ 1.d. ☐ 1.e. ☐ 1.f. ☐ 1.g. ☐ 1.h.

I declare that the statements in this petition are true to the best of my information, knowledge, and belief.

Petitioner's signature _____ Date _____ Agency/Address _____

Print or type name _____ City, state, and zip _____ Telephone no. _____

Approved by: _____
 Prosecutor's signature (optional) and date

9. A preliminary inquiry **has** been conducted and the filing of this petition

- on ☐ the child(ren) ☐ the following child(ren) _____ ☐ is authorized.
- on ☐ the child(ren) ☐ the following child(ren) _____ ☐ is not authorized.

Note: Use form JC 11a to authorize the petition following a preliminary hearing.

_____ Date

_____ Judge/Referee

_____ Bar no.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER AFTER DISPOSITIONAL REVIEW/ PERMANENCY PLANNING HEARING (CHILD PROTECTIVE PROCEEDINGS) ORDER ____ OF ____	CASE NO. PETITION NO.
Court address		Court telephone no.

1. In the matter of
name(s), alias(es), DOB _____
2. Date of hearing: _____ Judge/Referee: _____ Bar no. _____
- ☐ 3. Removal date: _____ (Specify for each child if different.)
 Last permanency planning hearing date: _____ (Specify for each child if different.)
4. As of the last order, the child(ren) named above was/were in the protective/temporary custody of the court, and
☐ remained in the home. ☐ was/were placed with the department.
5. Notice of hearing for the ☐ review ☐ permanency planning ☐ combined review and permanency planning
 hearing was served as required by law. ☐ Notice of proceedings is to be given as required by law.
- ☐ 6. This hearing is being conducted under MCR 3.974(D)(2) for an Indian child who was removed from the home. The Indian
 child removal hearing ☐ was held with this hearing. ☐ was previously held. ☐ is scheduled for _____.

THE COURT FINDS:

7. The lawyer-guardian ad litem ☐ has ☐ has not complied with the requirements of MCL 712A.17d.
8. ☐ a. There is probable cause to believe the legal/putative father(s) is/are:
 (Name each child, his/her father, and whether legal or putative.)
- ☐ b. The putative father of _____ is unknown and cannot be identified.
- ☐ c. The putative father was notified as required by law and failed to establish paternity within the time set by the court.
 The putative father waives all rights to further notice, including the right to notice of termination of parental rights and
 the right to an attorney.
9. The court has considered the case service plan and other evidence presented. The findings below are specific to this case
 and are based upon this hearing and ☐ the following report(s): _____
 Identify report(s) and date(s) of report(s)
- Specific conditions reviewed on the record as required by MCL 712A.19(6) were
- compliance with the case service plan with respect to services provided or offered to the child and his or her parent(s), guardian, or legal custodian and whether the parent(s), guardian, or legal custodian complied with and benefited from those services.
 - compliance with the case service plan with respect to parenting time with the child and whether parenting time did not occur or was infrequent and the reasons why.
 - the extent to which the parent(s), guardian, or legal custodian complied with each provision of the case service plan, prior court orders, and any agreement between the parent(s), guardian, or legal custodian and the agency.
 - likely harm to the child if the child continued to be separated from his or her parent(s), guardian, or legal custodian.
 - likely harm to the child if the child was returned to his or her parent(s), guardian, or legal custodian.

Note: If it comes to the court's attention or new allegations are made during this hearing that require the removal of the child(ren), removal must be done in accordance with MCR 3.974.

See additional pages.

Use Note: Do not use this form for review or permanency planning hearings after termination. Use form JC 76 instead.

Reference Note: The term "department" refers to the Department of Health and Human Services.

Do not write below this line - For court use only

☐ 10. Returning the child(ren) to the parent(s), guardian, or legal custodian ☐ would ☐ would not cause a substantial risk of harm to the child(ren)'s life, physical health, or mental well-being.

☐ 11. The child(ren) should not be returned to the parent(s), guardian, or legal custodian. (State reasons for a. or b. in the space below.)

☐ a. The agency ☐ should ☐ should not initiate proceedings to terminate the parental rights to the child(ren) because:

☐ b. The child has been in foster care for 15 months of the most recent 22 months, and the agency

☐ should initiate proceedings to terminate the parental rights to the child(ren).

☐ should not initiate proceedings to terminate the parental rights to the child(ren) for the following compelling reasons:

☐ 12. ☐ a. Reasonable efforts ☐ were ☐ were not made to preserve and reunify the family to make it possible for child(ren) to safely return to the child(ren)'s home. (Specify reasonable efforts below, and if applicable, the reasons for return.)

☐ 1) Reasonable efforts for reunification should be continued.

☐ 2) Those reasonable efforts were successful and the child(ren) should be released to

Name(s) of parent(s), guardian, or legal custodian

The reasonable efforts include: (Specify.)

☐ b. Reasonable efforts to preserve and reunify the family to make it possible for the child(ren) to safely return to the child(ren)'s home are not required based on a prior order.

☐ 13. Progress toward alleviating or mitigating the conditions that caused the child(ren) to be placed or to remain in temporary foster care ☐ was ☐ was not made in accordance with MCL 712A.19(7).

14. The child(ren)'s continued placement ☐ is necessary and appropriate and is meeting the child(ren)'s needs.
☐ is no longer necessary or appropriate.

☐ 15. The child(ren) is/are Indian as defined in MCR 3.002(12), and placement ☐ remains ☐ does not remain appropriate and ☐ does ☐ does not comply with MCR 3.967(F).

- ☐ 16. The child(ren) is/are Indian and the court finds that active efforts ☐ have ☐ have not been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family.
- ☐ 17. *Reasonable efforts ☐ have ☐ have not been made to finalize the court-approved permanency plan of
- ☐ a. return to the parent for the child(ren) named _____
 - ☐ b. adoption for the child(ren) named _____
 - ☐ c. legal guardianship for the child(ren) named _____
 - ☐ d. placement with a fit and willing relative for the child(ren) named _____
 - ☐ e. placement in another planned permanent living arrangement (APPLA) for the child(ren) age 16 or older named _____

due to the compelling reasons that: (Specify the compelling reasons for another planned permanent living arrangement by entering the language that corresponds to the number[s] from the list on the last page.)

The reasonable efforts made to finalize the court-approved permanency plan identified above include:
(Specify the permanency plan for each child and the reasonable efforts made toward finalizing that plan.)

- ☐ Because adoption is the court-approved permanency plan, the department shall be ordered to initiate proceedings to terminate parental rights.
- ☐ 18. The permanency planning goal in item 17 ☐ is appropriate. ☐ is no longer appropriate and shall be: _____
- ☐ 19. The appointment of a juvenile guardian is in the best interest of the child(ren) named above in item 17.c. ☐ The court has received and considered the information required by MCR 3.979(A)(1), and the proposed guardian should be appointed.
- ☐ 20. The department, foster home, or institutional placement ☐ has ☐ has not followed the reasonable prudent parenting standard that the child(ren) has/have regular opportunities to engage in age or developmentally appropriate activities.
- ☐ 21. ☐ a. All siblings are in joint placement.
☐ b. All siblings are not in joint placement because:

Sibling contact ☐ is occurring according to law. ☐ is not occurring because (see item 31 to order sibling contact):

- ☐ 22. Parenting time with _____, even if supervised, may be harmful to the child(ren).
- ☐ 23. A juvenile guardian was appointed and jurisdiction over _____ under MCL 712A.2(b) should be terminated. (This finding is considered at the first review hearing after the appointment.)
- ☐ 24. A juvenile guardianship for _____ was revoked under MCR 3.979(F), and this hearing is held under MCR 3.979(F)(7).

Note: *MCL 712A.19a provides that these reasonable efforts findings must be made within 12 months from when the child was removed from his/her home and every 12 months thereafter.

IT IS ORDERED:

- ☐ **25.** Notice is to be given to the legal/putative father(s) as required by law. ☐ The father was not present and must appear at the next hearing. ☐ The putative father was present at this hearing and shall establish paternity within 14 days.
- ☐ **26.** The child(ren) is/are continued in the protective/temporary custody of this court, and (Check only a, b, c, or d.)
- ☐ a. is/are placed with the department for care and supervision, and
- 1) the parent, guardian, or legal custodian shall execute all documents necessary to release confidential information regarding the child(ren), including medical, mental, and educational reports, and shall also, within 7 days, provide the department with the name(s) and address(es) of the medical provider(s) for the child(ren). Any medical provider of the child(ren) shall release the medical records of the child(ren) to the department.
 - 2) if a home study has not yet been completed, then one shall be performed by the department and a copy of the home study submitted to the court not more than 30 days after the placement.
 - 3) upon request, the department shall release to the foster parent the information concerning the child(ren) in accordance with MCL 712A.13a(15).
- ☐ b. remain home with or is/are released to _____ under the supervision of the department. ☐ The following terms and conditions apply to the parent(s) guardian/legal custodian: _____
- ☐ c. the current placement with the department shall continue. The department shall:
- 1) conduct a criminal record check and central registry clearance of the residents of the home of the proposed juvenile guardian and submit the results to the court within 7 days.
 - 2) perform a home study with a copy submitted to the court within 28 days, unless a home study has been performed within the immediately preceding 365 days of this order, in which case, a copy of that home study shall be submitted to the court.
- ☐ d. placed under guardianship under MCR 3.979(B). (See separate order, form JC 91.)
- ☐ **27.** While the child(ren) is/are placed out of the home, the friend of the court shall redirect current support due on behalf of the child(ren) to the person with whom the child(ren) is/are placed as long as that person is not receiving foster care maintenance payments. Unpaid child support that charged during the unfunded placement shall also be redirected unless otherwise assigned.
- ☐ **28.** The department shall comply with MCR 3.967(F).
- ☐ **29.** The department shall initiate proceedings to terminate parental rights to the child(ren) no later than 28 days from the date of this hearing.
- ☐ **30.** ☐ a. The parent(s), guardian, or legal custodian shall comply with, and benefit from, the case service plan. ☐ In addition, _____.
- ☐ b. The parent(s) need not comply with, and benefit from, the case service plan because parental rights were released pursuant to the adoption code.
- ☐ c. The parent(s) need not comply with, and benefit from, the case service plan because jurisdiction of the court is terminated.
- ☐ **31.** Sibling contact shall be as follows:
- ☐ **32.** ☐ a. Parenting time of _____ is
- ☐ unsupervised. ☐ supervised until further order of the court.
- ☐ The department has discretion to allow unsupervised or supervised parenting time by its designee.
- ☐ b. Parenting time of _____ is
- ☐ unsupervised. ☐ supervised until further order of the court.
- ☐ The department has discretion to allow unsupervised or supervised parenting time by its designee.
- ☐ c. Parenting time of _____ is
- ☐ unsupervised. ☐ supervised until further order of the court.
- ☐ The department has discretion to allow unsupervised or supervised parenting time by its designee.
- ☐ d.

IT IS ORDERED: (continued)

☐ **33.** Jurisdiction of this court is terminated. The court reserves the right to enforce payments of reimbursement that have accrued up to and including the date of this order. The child(ren) is/are released to _____.

34. Previous reimbursement orders shall continue.

☐ **35.** Other: (Attach separate sheets as necessary.)

36. Prior orders remain in effect except as modified in this order.

☐ **37.** Review hearings shall be held as follows:

(Note: The review hearing shall not be delayed beyond the number of days required regardless whether a petition to terminate parental rights or another matter is pending. MCL 712A.19a provides that the permanency planning hearing shall not be delayed beyond 12 months from the date of removal of the child and every 12 months thereafter.)

☐ dispositional review hearing _____ ☐ permanency planning hearing _____

☐ dispositional review hearing to terminate jurisdiction under MCR 3.979(C) _____

The supervising agency shall provide documentation of progress relating to all aspects of the last court-ordered treatment plan, including copies of evaluations and therapy reports and verification of parenting time, not later than 5 business days before the scheduled hearing.

☐ **38.** A hearing to appoint the juvenile guardian under MCR 3.979(B) shall be held _____.

39. ☐ Notice of the next hearing has been provided as required by law. ☐ Notice of the next hearing shall be provided.

Recommended by: _____
Referee signature Date

Date

Judge

The following are examples of compelling reasons for a permanency plan other than return to parent, legal guardianship, placement with a fit and willing relative, or adoption.

1. No relative has been identified who is appropriate or available to assume the permanent custody of the child.
2. The current caregiver is not an adoptive resource.
3. Reasonable efforts to recruit an adoptive home have been unsuccessful.
4. The child does not want to be adopted and is of an age where due consideration must be given to his/her wishes.
5. It is contrary to the child's best interests to break the child's attachment to the current caregivers.
6. The current caregiver is committed to providing a permanent placement for the child.
7. The placement allows the siblings to remain together.
8. The child's special needs can best be met in this placement.
9. The child wants to remain in the current placement, which is only available as foster care.
10. The placement is preparing the child for transition into independent living (specify the services being provided to the child to assist with transition such as referral to an independent living skills program, enrollment in a vocational program, referral for a mentor, continued out-of-home placement in foster care beyond age 18 to allow the child to complete secondary school, placement in a resource that provides on-site training for independent living, and other similar services).
11. The child comes under the Indian Child Welfare Act and Michigan Indian Family Preservation Act, and the child's tribe recommends permanent placement in long-term foster care.
12. Other (specify in the findings in item 17.e).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER OF ADJUDICATION (CHILD PROTECTIVE PROCEEDINGS) ORDER ____ OF ____	CASE NO. PETITION NO.
Court address		Court telephone no.

1. In the matter of
name(s), alias(es), DOB

2. Date of hearing: _____ Judge/Referee: _____ Bar no.

☐ 3. Removal date: _____ (Specify for each child if different.)

THE COURT FINDS:

4. A petition has been submitted alleging that the above child(ren) come(s) within the provisions of MCL 712A.2(b).

5. The child(ren) ☐ is/are ☐ is not/are not subject to the continuing jurisdiction of another court.

Court: _____

6. ☐ Notice of hearing was given as required by law. ☐ Notice of proceedings is to be given as required by law.

7. ☐ a. Based on testimony, there is probable cause to believe the legal/putative father(s) is/are:
(Name each child, his/her father, and whether legal or putative.)

☐ b. The putative father of _____ is unknown and cannot be identified.

☐ c. The natural father was notified as required by law and failed to establish paternity within the time set by the court. The natural father waives all rights to further notice, including the right to notice of termination of parental rights and the right to an attorney.

8. The respondent(s) _____
Name(s)

☐ did not appear ☐ appeared in court in person or by _____ and
Manner of appearance

☐ was/were represented by an attorney. ☐ waived representation by an attorney.

☐ 9. The plea by _____
Name(s)

is knowingly, understandingly, and voluntarily made.

See additional pages.

Use Note: Use of this form is optional when the court conducts the dispositional hearing immediately following adjudication.

Reference Note: The term "department" refers to the Department of Health and Human Services.

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10. After ☐ trial, ☐ admission of plea, ☐ no contest plea, and by ☐ a preponderance of the evidence, ☐ clear and convincing evidence,
- ☐ a. there are no statutory grounds to exercise jurisdiction over the child(ren).
- ☐ b. there are statutory grounds to exercise jurisdiction over the child(ren) (MCL 712A.2[b]). The statutory ground(s) is/are:
- ☐ failure to provide, when able to do so, support, education, medical, surgical, or other necessary care for health or morals.
 - ☐ substantial risk of harm to mental well-being.
 - ☐ abandonment by parents.
 - ☐ lack of proper custody or guardianship.
 - ☐ an unfit home environment, by reason of neglect, cruelty, drunkenness, criminality, or depravity on the part of a parent, guardian, nonparent adult, or other custodian.
 - ☐ failure to comply with a limited guardianship placement plan.
 - ☐ failure to comply with a court-structured guardianship plan.
 - ☐ when a guardianship is in place, failure to provide support or to regularly visit, contact or communicate with the child(ren) for a period of 2 years, either before or after a guardianship petition was filed and a support order entered.
 - ☐ the juvenile is in danger of substantial physical or psychological harm and is dependent because
 - ☐ the juvenile is homeless or not domiciled with a parent or other legally responsible person.
 - ☐ the juvenile has repeatedly run away from home and is beyond the control of a parent or other legally responsible person.
 - ☐ the juvenile is alleged to have committed a commercial sexual activity as that term is defined in MCL 750.462a or a delinquent act that is the result of force, fraud, coercion, or manipulation exercised by a parent or other adult.
 - ☐ the juvenile's custodial parent or legally responsible person has died or has become permanently incapacitated and no appropriate parent or legally responsible person is willing and able to provide care for the juvenile.

11. Specific findings of facts and law are ☐ on the record. ☐ in the attached written opinion. ☐ as noted below.

- ☐ 12. ☐ a. Contrary to the welfare findings were made in a prior order.
☐ b. It is contrary to the welfare of the child(ren) to remain in the home because: (Attach separate sheets as necessary.)

- ☐ 13. ☐ a. Consistent with the circumstances, reasonable efforts to prevent or eliminate removal of the child(ren) from the home were made as determined in a prior order. **OR**
- ☐ b. Consistent with the circumstances, reasonable efforts were made to prevent or eliminate removal of the child(ren) from the home. Those efforts include: (Specify below.) **OR**
- ☐ c. The child(ren) is/are Indian, and the court finds by clear and convincing evidence and the testimony of a qualified expert witness who has knowledge about the child-rearing practices of the Indian child's tribe, that active efforts ☐ have ☐ have not been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. These efforts have proved ☐ unsuccessful, ☐ successful, the continued custody of the child(ren) by the parent or Indian custodian ☐ is ☐ is not likely to result in serious emotional or physical damage to the child(ren), and the child(ren) ☐ should ☐ should not be removed from the home.
(Specify below.)

The efforts for 13.b or 13.c are: (Specify the efforts from 13.b or 13.c here. If the child is an Indian child, specify active efforts as defined by MCR 3.002[1] and MCL 712B.3[a].)

- ☐ d. Reasonable efforts to prevent or eliminate removal of the child(ren) from the home were not made.
- ☐ e. Reasonable efforts to prevent or eliminate removal of the child(ren) from the home were not required as determined in a prior order.

Note: If the child(ren) were not removed before adjudication and the court determines at trial that removal is necessary, the court must make the required findings regarding contrary to the welfare and reasonable efforts to prevent removal.

- ☐ 14. a. Reasonable efforts are not required to prevent or eliminate the child(ren)'s removal from the home due to
☐ the ☐ mother ☐ father subjecting the child(ren) to the aggravated circumstance(s) of _____ as provided in section MCL 722.638(1) and (2), and as evidenced by _____.

- ☐ the ☐ mother's ☐ father's conviction for murder of another child of the parent.
☐ the ☐ mother's ☐ father's conviction for voluntary manslaughter of another child of the parent.
☐ the ☐ mother's ☐ father's conviction for aiding or abetting in the murder or manslaughter of another child of the parent, attempting to murder the child(ren) or another child of the parent, or conspiring or soliciting to commit the murder of the child(ren) or another child of the parent.
☐ the ☐ mother's ☐ father's conviction for felony assault that resulted in serious bodily injury to the child(ren) or another child of the parent.
☐ the ☐ mother's ☐ father's involuntary termination of parental rights to a sibling of the child(ren).
☐ the ☐ mother ☐ father being required to register under the Sex Offender Registration Act.

- b. Reasonable efforts to preserve and reunify the family to make it possible for the child(ren) to safely return home are
☐ not required because the parent subjected the child or another child of the parent to one of the circumstances stated above.

OR

- ☐ still recommended because:

(When item 14 is checked, either complete item 16 below or schedule a permanency planning hearing within 28 days of this determination.)

- ☐ 15. ☐ a. Reasonable efforts shall be made to preserve and reunify the family to **make** it possible for the child(ren) to safely return home.
☐ b. Reasonable efforts shall not be made to preserve and reunify the family **because** it would be detrimental to the child(ren)'s health and safety.

- ☐ 16. Because reasonable efforts to prevent or eliminate removal or to reunite the child(ren) and family are not required, a permanency planning hearing was conducted. (Use and attach form JC 19, Order Following Dispositional Review/Permanency Planning Hearing.)

17. Custody of the child(ren) with the parent/guardian/legal custodian

- ☐ a. presents a substantial risk of harm to the child(ren)'s life, physical health, or mental well-being.
☐ No provision of service or other arrangement except removal of the child(ren) is reasonably available to adequately safeguard the child(ren) from the risk of harm to the child(ren)'s life, physical health, or mental well-being.
☐ Conditions of custody at the placement away from the home and with the individual with whom the child(ren) is/are placed are adequate to safeguard the child(ren)'s health and welfare.

- ☐ b. does not present a substantial risk of harm to the child(ren)'s life, physical health, or mental well-being.

- ☐ 18. ☐ a. All siblings are in joint placement.
☐ b. All siblings are not in joint placement because:

Sibling contact ☐ is occurring according to law. ☐ is not occurring because (see item 25 to order sibling contact):

- ☐ 19. Parenting time with _____, even if supervised, may be harmful to the child(ren).

IT IS ORDERED:

- ☐ 20. The petition is dismissed, the child(ren) is/are released to _____, and the jurisdiction of this court is terminated except that the court reserves the right to enforce orders for reimbursement of court costs, attorney fees, and other assessments that have accrued up to and including the date of this order.
- ☐ 21. Notice is to be given to the legal/putative father(s) as required by law. ☐ The father was not present and must appear at the next hearing. ☐ The putative father was present at this hearing and shall establish paternity within 14 days.
- ☐ 22. The child(ren)
- ☐ a. is/are placed with the department for care and supervision, and
- 1) the parent(s), guardian, or legal custodian shall execute all documents necessary to release confidential information regarding the child(ren), including medical, mental, and educational reports, and shall also, within 7 days, provide the department with the name(s) and address(es) of the medical provider(s) for the child(ren). Any medical provider of the child(ren) shall release the medical records of the child(ren) to the department.
- 2) if the child(ren) is/are placed in the home of a relative, a home study shall be performed by the department and a copy of the home study submitted to the court not more than 30 days after the placement.
- 3) upon request, the department shall release to the foster parent the information concerning the child(ren) in accordance with MCL 712A.13a(15).
- ☐ The child(ren) shall be taken into protective custody. To effect this order, _____ is authorized to enter the premises located at _____. This authorization to enter the premises and take the child(ren) into protective custody expires _____. ☐ Enter on LEIN
- ☐ b. is/are released to _____ under the supervision of the department. Name(s) of parent(s), guardian, or legal custodian _____ ☐ The following terms and conditions apply to the parent(s), guardian, or legal custodian:
- ☐ 23. While the child(ren) is/are placed out of the home, the friend of the court shall redirect current support due on behalf of the child(ren) to the person with whom the child(ren) is/are placed as long as that person is not receiving foster care maintenance payments. Unpaid child support that charged during the unfunded placement shall also be redirected unless otherwise assigned.
- ☐ 24. The child(ren) named _____ shall have ☐ a psychological evaluation ☐ counseling to determine appropriateness and conditions of parenting time.
- ☐ 25. Sibling contact shall be as follows:
- ☐ 26. ☐ a. Parenting time of _____ is ☐ unsupervised. ☐ supervised until further order of the court. ☐ The department has discretion to allow unsupervised or supervised parenting time by its designee.
- ☐ b. Parenting time of _____ is ☐ unsupervised. ☐ supervised until further order of the court. ☐ The department has discretion to allow unsupervised or supervised parenting time by its designee.
- ☐ c. Parenting time of _____ is ☐ unsupervised. ☐ supervised until further order of the court. ☐ The department has discretion to allow unsupervised or supervised parenting time by its designee.
- ☐ d.

IT IS ORDERED: (continued)

27. Placement shall continue pending disposition on _____ .
Date and time

☐ 28. Other:

29. Prior orders remain in effect except as modified by this order.

Recommended by: _____
Referee signature Date

Date

Judge

MCL 722.638 - AGGRAVATED CIRCUMSTANCES

- (1) The department shall submit a petition for authorization by the court under Section 2(b) of Chapter XIIA of 1939 PA 288, MCL 712A.2, if one or more of the following apply:
- (a) The department determines that a parent, guardian, or legal custodian, or a person who is 18 years of age or older and who resides for any length of time in the child's home, has abused the child or a sibling of the child and the abuse included one or more of the following:
 - (i) Abandonment of a young child.
 - (ii) Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
 - (iii) Battering, torture, or other severe physical abuse.
 - (iv) Loss or serious impairment of an organ or limb.
 - (v) Life threatening injury.
 - (vi) Murder or attempted murder.
 - (b) The department determines that there is risk of harm to the child and either of the following is true:
 - (i) The parent's rights to another child were terminated as a result of proceedings under Section 2(b) of Chapter XIIA of 1939 PA 288, MCL 712A.2, or a similar law of another state.
 - (ii) The parent's rights to another child were voluntarily terminated following the initiation of proceedings under Section 2(b) of Chapter XIIA of 1939 PA 288, MCL 712A.2, or a similar law of another state.
- (2) In a petition submitted as required by subsection (1), if a parent is a suspected perpetrator or is suspected of placing the child at an unreasonable risk of harm due to the parent's failure to take reasonable steps to intervene to eliminate that risk, the department shall include a request for termination of parental rights at the initial dispositional hearing as authorized under Section 19b of Chapter XIIA of 1939 PA 288, MCL 712A.19b.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	NOTICE TO PUTATIVE FATHER	CASE NO. PETITION NO.
Court address		Court telephone no.

1. In the matter of
 name(s), alias(es), DOB

TO:

2. _____ was born on _____
 Name of child Date
 at _____
 Child's place of birth
 The mother of the child is _____
 Mother's full name

3. A petition requesting the court to take jurisdiction of this child has been filed with this court.

4. The court has received information that you may be the natural father of the child.

5. You must appear at _____ on _____
 Location Date
 at _____ to state your interest, if any, in the child.
 Time

6. Your failure to appear at this hearing: a) is a denial of your interest in the child, b) is a waiver of notice for all subsequent hearings, c) is a waiver of a right to appointment of an attorney, and d) could result in termination of whatever rights you may have to the child.

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you to fully participate in court proceedings, please contact the court immediately to make arrangements.

 Date

 Clerk/Deputy clerk

If the court finds probable cause to believe that an identifiable person is the natural father of the minor, the court shall direct that notice be served on that person in any manner reasonably calculated to provide notice to the putative father, including publication if his whereabouts remain unknown after diligent inquiry.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER DELAYING SENTENCE (DESIGNATED CASE)	CASE NO. PETITION NO.
ORI MI-	Court address	Court telephone no.

1. In the matter of _____

CTN/TCN	SID	DOB
---------	-----	-----

2. Date of hearing: _____ Judge _____ Bar no. _____

THE COURT FINDS:

3. A judgment of conviction for the following offense(s) was entered on _____ Date _____

Count	CONVICTED BY		DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

- ☐ 4. The offense adjudicated is abstractable to the Secretary of State under **MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(12), MCL 324.81135(7), MCL 324.82157, or MCL 333.7408a(12).**

The juvenile's driver's license number is _____.

- ☐ 5. The licensing sanction is reportable to the Michigan State Police **under MCL 333.7408a(12) or MCL 257.625(21)(b).**
- ☐ Revoked. ☐ Suspended _____ days. ☐ Restricted _____ days.

- ☐ 6. HIV testing and sex offender registration are completed.

- ☐ 7. The juvenile has been fingerprinted according to MCL 28.243 (for all offenses punishable by 93 days or more).

- ☐ 8. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.

9. Specific findings of fact and law, including findings regarding each factor in MCL 712A.18(1)(m), were made on the record.

10. The best interests of the public would be served by sentencing juvenile as an adult. A sentence of imprisonment should be delayed.

- ☐ 11. The juvenile used a firearm in committing the crime and must be placed in detention.

IT IS ORDERED:

12. The sentence of imprisonment is delayed until further order of the court.

13. The juvenile is placed on probation in the temporary custody of the court. (see separate order)

- ☐ 14. The juvenile is placed in and shall satisfactorily complete the juvenile boot camp program established by the Michigan Department of Health and Human Services. After satisfactorily completing the program, the juvenile shall be placed in the home of _____ under the supervision of _____ and shall complete a minimum of 120 to a maximum of 180 days of intensive supervised probation in the community.

- 15.** The juvenile shall pay as follows: (Specify fine and minimum state costs for each count, restitution, crime victim rights fee, reimbursement, attorney fees, and other costs. If item 8 is not checked, specify DNA assessment. Parental reimbursement, if any, may be entered on a separate order.)

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed.

- 16.** A service fee shall be paid as follows: _____

- ☐ **17.** The juvenile is committed to _____ detention facility for _____ days commencing _____. The director or designee of the custodial facility is authorized to obtain and consent to routine, nonsurgical medical and dental care for the juvenile and emergency medical, dental, and surgical treatment of the juvenile.

- ☐ **18.** Other: _____

- 19.** Review hearing: _____

Date _____

Judge _____

NOTICE: Violation of probation may result in this order being revoked and a term of imprisonment ordered.

NOTE: Contrary to the welfare and reasonable efforts findings only need to be made if the findings had not already been made at a prior hearing and this is the first time the juvenile has been removed from the home.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	AFFIDAVIT OF EFFORTS TO LOCATE ABSENT PARENT	CASE NO. PETITION NO.
--	---	----------------------------------

Court address

Court telephone no.

1. In the matter of
(name(s), alias(es), DOB)
2. I have made the following efforts to locate and/or serve a summons on _____, the absent parent of the **child listed above**: Name
- ☐ a. requested updated address information from the United States Post Office on _____. Date
- ☐ b. contacted directory assistance in _____. City(ies) and area code(s)
- ☐ c. interviewed the parent as to the whereabouts of the absent parent.
- ☐ d. interviewed _____, known relative(s) or friend(s) of the absent parent. Name(s)
- ☐ e. contacted _____ Friend of the Court and received the following information:
County
-
- ☐ f. submitted a request to the Office of Child Support (OCS) for a search. The status of the OCS search is:
☐ pending; alternate service is being requested to assure timely notice.
☐ completed; the search was unsuccessful.
- ☐ g. checked the federal and state correctional system to determine whether the absent parent is imprisoned.
- ☐ h. attempted to have the absent parent served at his/her last known address. Last known address is: _____
- ☐ i. attempted to have the absent parent served at his/her last known employer. Last known employer is: _____
- ☐ j. other attempts: _____
specify
3. The current address of the absent parent is unknown and cannot be determined after diligent efforts.

Affiant signature

Address

Affiant name (type or print)

Title

City, state, zip

Telephone no.

 Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

 My commission expires: _____ Signature: _____
Date Deputy clerk/Notary public

Notary public, State of Michigan, County of _____

Do not write below this line - For court use only

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE	FILE NO.
--	---	-----------------

In the matter of the emancipation of _____, a minor

1. My full name is _____ and my social security
First name, middle name, and last name (type or print)
 number is _____.
Last 4 digits

☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor
 has been previously filed in _____ Court, Case Number _____, was
 assigned to Judge _____, and ☐ remains ☐ is no longer pending.

3. I am at least 16 years of age. I was born on _____ in _____
Date
 County, _____. A certified copy of my birth certificate is attached to this petition.
State

4. The name(s) and last known address(es) of my parents, guardian, or custodian are:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Guardian	
	Custodian	

5. I presently reside within this county at _____
Street address
 _____ and I have lived there continuously since _____.
City, state, zip Date

6. I am able to manage my own financial affairs as shown by the following facts: _____

I am employed by: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

7. I am able to manage my personal and social affairs as shown by the following facts: _____

My housing arrangements are: _____

8. I have read the Emancipation of Minors laws (Michigan Compiled Laws 722.1 through 722.6), and I understand my rights and responsibilities as an emancipated minor.

I REQUEST the court to order my emancipation.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Minor's signature

Attorney signature

Name (type or print)

Bar no.

Address

City

State

Zip

Telephone no.

AFFIDAVIT

1. I am a _____, and I conduct business at or am employed at _____
Occupation

Address

City

State

Zip

Telephone no.

2. I have personally known _____, a minor, for _____ years, and I
Name (type or print)

have personal knowledge of his/her current circumstances.

3. I believe that emancipation would be in the best interests of the minor because of the following circumstances:

☐ 4. I have reviewed this petition, and I waive notice of hearing and any adjournment of the hearing.

Date

Signature of affiant

Name (type or print)

Address

City, state, zip

Telephone no.

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary public

Notary public, State of Michigan, County of _____

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION TO RESCIND ORDER OF EMANCIPATION	FILE NO.
--	--	-----------------

In the matter of _____, an emancipated minor

1. I am interested in this matter and make this petition as the ☐ parent of the minor. ☐ minor.

2. The addresses of the minor and parents of the minor are the same as in the original petition except as to the following:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Minor	

☐ 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

4. This court entered an order of emancipation on _____ .
Date

5. The order of emancipation should be rescinded for one or more of the following reasons:

- ☐ a. The minor is indigent and has no means of support.
☐ b. The minor and the minor's parent(s) agree that the order should be rescinded.
☐ c. The family relationship has resumed and the order of emancipation is in conflict with this relationship.

6. I understand that rescission of an order of emancipation does not alter any contractual obligations or rights or any property rights or interests that arose during the period of time that the emancipation order was in effect.

I REQUEST that the order of emancipation be rescinded.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Attorney signature	_____ Date
_____ Name (type or print)	_____ Signature
_____ Address	_____ Name (type or print)
_____ City, state, zip	_____ Address
_____ Telephone no.	_____ City, state, zip
	_____ Telephone no.

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**
PETITION AND ORDER FOR ASSIGNMENT
FILE NO.

Estate of _____, decedent **XXX-XX-**
First, middle, and last name Last four digits of SSN

PETITION

I, _____, represent that:
Name and relationship

1. Decedent died on _____ .
Date

2. ☐ Decedent was a resident of _____ in this county.
City/Township

☐ Decedent lived outside of Michigan and left an estate within this county to be administered.

3. The decedent's personal and real property, gross values, and lien amounts (if any) are listed below. The values of all property are calculated as of the decedent's date of death. *For real property only, if the date of death is on or after March 28, 2013, the gross value of a parcel can be reduced by any lien amount on that parcel; however the remaining inventory value of that parcel cannot be less than zero. For personal property, the gross value and inventory value are the same.

(Attach separate sheet if necessary.)

Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Totals	Total Gross Value		Total Inventory Value

4. Funeral and burial expenses are \$ _____.

The following persons have paid the following amounts toward the funeral and burial expenses: (Statements and receipts are attached.)

NAME	AMOUNT	NAME	AMOUNT

The amount of funeral and burial expenses remaining unpaid is \$ _____.

The gross value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed \$15,000 as adjusted annually for cost of living.

(SEE SECOND PAGE)

Do not write below this line - For court use only

5. The name and address of the surviving spouse or, if there is not a spouse, the name, age, relationship, and address of each of the decedent's heirs are as follows:

NAME	AGE	RELATIONSHIP	ADDRESS		
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip

6. **I REQUEST** that the property listed above be assigned as follows:

- ☐ a. for funeral and burial expenses, \$ _____ to _____, \$ _____
to _____, and \$ _____ to _____.
- ☐ b. to the surviving spouse, _____.
- ☐ c. to the following heirs in the stated proportions, _____.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature _____

Date _____

Name (type or print) _____ Bar no. _____

Petitioner signature _____

Address _____

Address _____

City, state, zip _____ Telephone no. _____

City, state, zip _____ Telephone no. _____

ORDER ASSIGNING ASSETS

IT IS ORDERED: _____

- ☐ 7. The property described above is assigned as follows:

- ☐ a. for funeral and burial expenses, \$ _____ to _____, \$ _____
to _____, and \$ _____ to _____.
- ☐ b. to the surviving spouse, _____.
- ☐ c. to the following heirs in the stated proportions, _____.

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

- ☐ 8. The petition is ☐ denied. ☐ dismissed/withdrawn.

Date _____

Judge _____ Bar no. _____

I certify that I have compared this copy with the original on file and that it is a correct copy of the original.

Date _____

Deputy register _____

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

NOTICE OF HEARING

FILE NO. _____

In the matter of _____

First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____ ,
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____ Date

Attorney name Bar no.

_____ Petitioner name

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____TESTIMONY TO
IDENTIFY HEIRS

FILE NO. _____

Estate of _____
First, middle, and last name

1. My name is _____. My address is _____.
2. I am related to the decedent (or know his/her family) as follows: _____
3. The date and time of the death of the decedent is _____ Date _____ Time _____ and at that time the decedent's domicile (residence) was _____ Address _____.

NOTE: IN THE FOLLOWING QUESTIONS, TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 14 below.

4. The decedent ☐ did not leave a surviving spouse. ☐ left a surviving spouse named _____.
5. ☐ a. The decedent had the following children, both natural (born in or out of wedlock) and adopted: _____
- ☐ b. Of the children listed in 5.a, the following are no longer heirs due to their adoption by someone other than a stepparent: _____
- ☐ c. Of the children listed in 5.a, the following were not children of the surviving spouse: _____

Answer question 6 only if question 5.a. was checked.

6. ☐ a. The following children listed in 5.a. died before the decedent: _____
- ☐ b. Children listed in 6.a. left their own children (either natural or adopted) or left grandchildren from one or more of their own predeceased children who survived the decedent. The names of these descendants and the name of the child in 6.a. to whom they are related are as follows: _____
- ☐ c. Of the persons listed in 6.b, the following are no longer heirs due to their adoption by someone other than a stepparent: _____

If decedent left no surviving descendant, complete 7.

7. The decedent ☐ did not leave a surviving parent. ☐ left a surviving parent named _____.

(SEE SECOND PAGE)

Do not write below this line - For court use only

If decedent is not survived by spouse, descendants, or parents, complete 8 (and 9, if applicable).

8. The decedent ☐ did not leave surviving brothers or sisters. ☐ left the following brothers or sisters, either natural or adopted, whole blood or half blood, who were not adopted by others and who survived the decedent:

☐ 9. One or more of the brothers and sisters of the decedent died before him/her leaving descendants, either natural or adopted, who were not adopted by others and who survived the decedent. The names of these descendants, and the name(s) of their deceased ancestor are

If decedent was not survived by spouse, descendants, parent, brother, or sister or children of deceased brother or sister, complete 10 (and 11, if applicable).

10. The decedent ☐ did not leave surviving grandparents. ☐ left surviving grandparents (both maternal and paternal) named

☐ 11. Both maternal grandparents and/or both paternal grandparents died before decedent. Their surviving descendants and their relationships to the grandparents are

Maternal grandparents: _____

Paternal grandparents: _____

☐ 12. The following heirs listed above are under legal disability and are currently living. Their name(s), legal disability, and name(s) of their representative(s) are _____

☐ 13. The following deceased heirs survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent decedent's interests are _____

☐ 14. The following persons identified above did not survive the decedent by 120 hours. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

☐ 15. The decedent left a will. ☐ All devisees are heirs. ☐ Some of the devisees named in the will or codicil are not heirs of the testator. (A supplemental testimony form is completed and attached.)

Signature

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Judge/Deputy register/Notary public Bar no.

Notary public, State of Michigan, County of _____

Attorney signature

Address

Name (type or print)

Bar no.

City, state, zip

Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

STATEMENT AND PROOF OF CLAIM

FILE NO.

Estate of _____
First, middle, and last name

I, _____ of _____
Creditor's name Address

_____ submit the following claim against the estate for the sum set forth.*

DESCRIPTION OF CLAIM	AMOUNT

There is now due on the claim, above all legal setoffs, the sum of:

- ☐ Notice to interested persons: This is a claim by a personal representative for an obligation that arose before the death of the decedent. Upon petition and notice to interested persons, a hearing will be held to determine whether to allow the claim. You may object to the claim before or at the hearing.

I declare under the penalties of perjury that this statement and proof of claim has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature

Date

Name (type or print) Bar no.

Claimant signature

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

- * 1. Describe nature of claim or attach a statement. Attach copy of receipt or other evidence of payment if submitted by assignee.
2. Claims must be presented either personally or by mail to the fiduciary on or before the last day for presentment of claims. This claim may also be filed with the probate court (see reverse side for proof of service).

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

PROOF OF SERVICE

I served upon _____ ,
Name
fiduciary, a copy of this statement and proof of claim on _____ by _____
Date State method and address of service
_____ .

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

ACKNOWLEDGMENT OF SERVICE

Service of the attached statement and proof of claim is acknowledged.

Date

Signature

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**PETITION FOR
COMPLETE ESTATE SETTLEMENT**

FILE NO.

COMPLETELY REVISED

Estate of _____
First, middle, and last name

1. I am the personal representative appointed on _____ by ☐ the court. ☐ the register.
Date
2. Testacy ☐ has ☐ has not previously been formally adjudicated.
3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/
petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

4. The time for presenting claims that arose prior to the decedent's death has expired.
5. ☐ All claims properly presented have been paid, settled, or disposed of.
☐ A schedule for payment of properly presented claims is filed and served with this petition.
6. ☐ a. The decedent did not leave a will.

☐ b. The decedent's will, dated _____, with codicil(s) dated _____
is/are offered for probate and is/are ☐ attached to this petition. ☐ already in the court's possession.

☐ c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition.
The will is lost, destroyed, or otherwise unavailable, but its contents are: (attach additional sheets as necessary)

- ☐ d. The decedent's will was informally probated on _____ in _____ County.
Date
7. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is
the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).
- ☐ 8. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property
located in this state as defined under MCL 700.1301.
9. A final account
☐ has been served on all interested persons.
☐ is filed and served with this petition.
10. ☐ All estate assets have been distributed as set forth in the final account.
☐ A schedule for the distribution of all remaining assets of the estate is filed and served with this petition.
11. ☐ No Michigan estate or inheritance tax is due.
☐ Any Michigan estate tax or inheritance tax has been paid in full (evidence of full payment from Michigan Department of Treasury is
attached).

Do not write below this line - For court use only

I REQUEST:

12. ☐ An order determining heirs and that the decedent died ☐ intestate. ☐ testate and the document(s) stated in item 6 is/are valid and admitted to probate.
- ☐ The final account be approved and that any fiduciary fees and/or attorneys fees set forth in the final account be approved.
- ☐ The distributions previously made and/or all distributions as set forth in the schedule of distributions and payment of claims be approved.
- ☐ The personal representative be discharged.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

		Date	
Attorney signature		Petitioner signature	
Attorney name (type or print)		Petitioner name (type or print)	
Bar no.			
Address		Address	
City, state, zip		City, state, zip	
Telephone no.		Telephone no.	

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**PETITION FOR
ADJUDICATION OF TESTACY AND
COMPLETE ESTATE SETTLEMENT**

FILE NO.

Estate of _____

DELETE

1. I am the personal representative appointed on _____ by ☐ the court. ☐ the register.
Date
2. Testacy has not been formally adjudicated.
3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)
- _____
- _____
- _____
4. The time for presenting claims that arose before the decedent's death has expired.
5. ☐ All claims properly presented have been paid, settled, or disposed of.
☐ A schedule for payment of properly presented claims is filed and served with this petition.
- ☐ 6. The decedent did not leave a will.
- ☐ 7. ☐ The decedent's will, dated _____, with codicil(s) dated _____
is/are offered for probate and is/are ☐ attached to this petition. ☐ already in the court's possession.
- ☐ Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition. The will is lost, destroyed, or otherwise unavailable, but its contents are: (attach additional sheets as necessary)
- _____
- ☐ 8. The decedent's will was informally probated on _____ in _____ County.
9. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).
- ☐ 10. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301.
- ☐ 11. A final account
☐ has been served on all interested persons.
☐ is filed and served with this petition.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

12. ☐ All estate assets have been distributed as set forth in the final account.
☐ A schedule for the distribution of all remaining assets of the estate is filed and served with this petition.
13. ☐ No Michigan estate or inheritance tax is due.
☐ Any Michigan estate tax or inheritance tax has been paid in full (evidence of full payment from the Michigan Department of Treasury is attached).

I REQUEST:

- ☐ 14. An order determining heirs and that the decedent died ☐ intestate. ☐ testate and the document(s) stated in item 7 is/are valid and admitted to probate.
15. ☐ The final account be approved and that any fiduciary fees and/or attorney fees set forth in the final account be approved.
- ☐ The distributions previously made and/or all distributions as set forth in the schedule of distributions and payment of claims be approved.
- ☐ The personal representative be discharged.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

<hr/>		<hr/>	
Attorney signature		Petitioner signature	
<hr/>		<hr/>	
Attorney name (type or print)		Petitioner name (type or print)	
<hr/>		<hr/>	
Address		Address	
<hr/>		<hr/>	
City, state, zip		City, state, zip	
<hr/>		<hr/>	
Telephone no.		Telephone no.	
<hr/>		<hr/>	

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

RECEIPT OF PROPERTY
FROM CONSERVATOR

FILE NO. _____

Estate of _____

First, middle, and last name

1. _____ was the decedent's conservator at the time of the decedent's death.
Name

2. I am:

- ☐ the duly appointed personal representative of the decedent (copy of letters of authority attached).
- ☐ a person entitled to delivery of assets under MCL 700.3983 (copy of affidavit attached).
- ☐ a person entitled to assignment of property under MCL 700.3982 (copy of order of assignment attached).

3. I received the following property from the conservator: (describe property received)

Date

Signature

Name (type or print)

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**
**ORDER REGARDING APPOINTMENT OF
GUARDIAN OF INCAPACITATED INDIVIDUAL**
FILE NO.

In the matter of _____

First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of incapacitated individual
-----------	---------------	------	-----	---

1. Date of hearing: _____ Judge: _____ Bar no.

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

☐ 3. The individual is not in need of a guardian.

☐ 4. Upon the presentation of clear and convincing evidence, the individual named above, by reason of

☐ mental illness

☐ mental deficiency

☐ chronic use of drugs

☐ chronic intoxication

☐ physical illness or disability

☐ other: _____

is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.

☐ 5. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.

☐ 6. The individual is ☐ partially ☐ totally without the capacity to care for himself/herself.

☐ 7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.

☐ 8. Financial protection is required for the individual.

IT IS ORDERED:

 9. The petition for appointment of guardian is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 10. _____, whose address and telephone number are:

Address _____ City _____ State _____ Zip _____ Telephone no. _____

 is appointed ☐ limited ☐ full guardian of the adult and shall qualify by filing an acceptance of appointment.

☐ Bond at \$ _____ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

☐ 11. Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 *et seq.*
☐ 12. The limited guardian shall have only the following powers:

13. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

☐ 14. The ☐ attorney ☐ guardian ad litem for the individual is discharged.

☐ 15. IT IS FURTHER ORDERED:

Date _____

Judge _____

Attorney name (type or print) _____

Bar no. _____

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____ANNUAL REPORT OF GUARDIAN ON
CONDITION OF
LEGALLY INCAPACITATED INDIVIDUAL
☐ FINAL REPORT

FILE NO. _____

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of _____, a legally incapacitated individual
First, middle, and last name

1. I, _____, am the guardian of the adult named above and my annual
Name (type or print)
report for the period of _____ to _____ is as follows.
Date Date

2. Present age of the adult: _____ Date of birth: _____

3. Living Arrangement

a. The current address and telephone number of the adult are: _____

b. The name of the facility where the adult resides, if any: _____

c. The adult's residence is: ☐ Check here if this is a new address

☐ own home/apartment ☐ guardian's home/apartment ☐ other: _____
☐ nursing home ☐ hospital or medical facility (boarding home, assisted living, etc.)
☐ foster home ☐ relative's home: _____
Relationship

d. The adult has been in the present residence since _____. If moved within the past year, state
the changes and the reasons for change. Date

e. I rate the adult's living arrangement as ☐ excellent. ☐ average. ☐ below average. Explain _____

f. I believe the adult is ☐ content with the living situation. ☐ unhappy with the living situation.

☐ g. I recommend a more suitable living arrangement for the adult as follows: _____

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

4. Physical Health

a. The adult's current physical condition is ☐ excellent. ☐ good. ☐ fair. ☐ poor.

b. During the past year the adult's physical condition has

☐ remained about the same.

☐ improved. Explain _____

☐ worsened. Explain _____

c. During the past year the adult received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

5. Do-Not-Resuscitate Order

☐ a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.

☐ b. I ☐ executed ☐ reaffirmed ☐ revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).

In doing so, I ☐ did ☐ did not consult with the adult and his/her attending physician.

6. Mental Health

a. The adult's current mental condition is ☐ excellent. ☐ good. ☐ fair. ☐ poor.

b. During the past year, the adult's mental condition has

☐ remained about the same.

☐ improved. Explain _____

☐ worsened. Explain _____

c. During the past year, treatment or evaluation by a psychiatrist, psychologist, or social worker ☐ was ☐ was not provided.

7. Social Activities/Services

a. The adult's current social condition is ☐ excellent. ☐ good. ☐ fair. ☐ poor.

b. During the past year, the adult's social condition has

☐ remained about the same.

☐ improved. Explain _____

☐ worsened. Explain _____

c. During the past year, the adult has participated in the following activities:

☐ recreational _____

☐ educational _____

☐ social _____

☐ occupational _____

☐ No activities were available.

☐ The adult refused to participate in any activities.

☐ The adult was unable to participate in any activities.

(SEE THIRD PAGE)

8. List of Visits

a. During the past year, I visited the adult as follows: _____
List dates

b. The average amount of time I spent on each visit was _____ .

c. The last time I visited with the adult was on _____ .
Date

9. Activities

During the past year, I performed the following activities on behalf of the adult: _____

10. Consultation

During the past year, I consulted with the adult before making the following decisions: _____

11. I believe the adult has the following unmet needs: _____

☐ 12. The guardianship ☐ should ☐ should not be continued because: _____

Note: If you no longer wish to serve as guardian, you must file a petition to remove yourself.

☐ 13. There ☐ is ☐ is not more cash or property than what was previously reported to the court.

If there is, specify the additional amount: \$ _____ .

☐ 14. As guardian, I have been ordered by the court to file an annual account, which is attached.

 Date

 Signature of guardian

 Address

 City, state, zip

 Telephone no.

☐ Check here if this is a new address

 Date

 Signature of co-guardian (if applicable)

 Address

 City, state, zip

 Telephone no.

☐ Check here if this is a new address

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER REGARDING
TERMINATION/MODIFICATION OF**
☐ **GUARDIAN FOR MINOR**
☐ **GUARDIAN FOR LII** ☐ **CONSERVATOR**

FILE NO.

In the matter of _____

First, middle, and last name

1. Date of hearing: _____ Judge _____ Bar no. _____

THE COURT FINDS:

☐ 2. Notice of hearing was given to or waived by all interested persons.

3. ☐ a. A petition to ☐ terminate ☐ modify a ☐ guardianship ☐ conservatorship was filed with this court and should be ☐ granted. ☐ denied.

☐ b. On the court's own motion, the ☐ guardianship ☐ conservatorship should be ☐ terminated. ☐ modified.

☐ 4. The fiduciary ☐ should be removed and a successor appointed.
☐ should be permitted to resign and a successor appointed.
☐ has died or become disabled and a successor must be appointed.
☐ is not effectively performing the duties of a guardian and the welfare of the incapacitated individual requires immediate action and the appointment of a temporary guardian.

☐ 5. The individual ☐ continues to be an incapacitated individual and in need of a guardian as a means of providing continuing care and supervision of the person.
☐ continues to be a person in need of a conservator.
☐ is a minor who continues to need a guardian.
☐ is no longer in need of a ☐ guardian. ☐ conservator.

☐ 6. There is no qualified, suitable individual willing to act as conservator/guardian and the appointment of a professional guardian/conservator as fiduciary is in the best interest of the individual. A bond must be filed.

☐ 7. A coguardian is necessary.

IT IS ORDERED:

☐ 8. The petition is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 9. The appointment of a special conservator is necessary to preserve the estate or secure its proper administration.

☐ 10. _____ is ☐ removed ☐ permitted to resign as _____.
 Name of fiduciary Type of fiduciary

☐ S/he shall file with this court and serve on the interested persons a final account no later than _____.
 Date

(SEE SECOND PAGE)

Do not write below this line - For court use only

- ☐ 11. _____
 Name Address
 _____ is appointed
 City State Zip Telephone no.

 Name Address
 _____ is appointed
 City State Zip Telephone no.
☐ a. successor ☐ full ☐ limited ☐ temporary **guardian** of the individual and qualifies by filing an acceptance
 of appointment. ☐ Bond is fixed at \$ _____.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

- ☐ The temporary guardian shall serve until _____ with the following powers: _____
 Date

- ☐ b. ☐ successor ☐ special **conservator** and shall have the following powers: _____

An acceptance of appointment is to be filed. ☐ Bond is fixed at \$ _____.

The conservator is not permitted to act until letters of conservatorship are issued. After qualification, the conservator shall comply with all relevant requirements under the law.

- ☐ 12. The ☐ guardianship ☐ conservatorship is ☐ terminated ☐ modified as follows: _____

- ☐ 13. The ☐ attorney ☐ guardian ad litem for the individual is discharged.

- ☐ 14. Other:

15. The matter is ☐ closed. ☐ not closed.

 Date

 Judge

 Attorney name (type or print) Bar no.

 Address City State Zip Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER REGARDING
TERMINATION/MODIFICATION OF
GUARDIAN FOR INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY**

FILE NO.

In the matter of

First, middle, and last name

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

- ☐ 2. Notice of hearing was given to or waived by all interested persons.
- ☐ 3. ☐ a. A petition to ☐ terminate ☐ modify the guardianship was filed with this court and should be ☐ granted. ☐ denied.
☐ b. On the court's own motion, the guardianship should be ☐ terminated. ☐ modified.
4. The guardian ☐ should be removed and a successor appointed.
☐ should be permitted to resign and a successor appointed.
☐ has died or become disabled and a successor must be appointed.
5. The individual ☐ continues to require a guardian based on the same criteria found by the court on the original petition.
☐ is no longer in need of a guardian.
☐ is in need of a standby guardian.
- ☐ 6. There is no qualified, suitable individual willing to act as guardian and the appointment of a professional guardian is in the best interest of the individual. A bond must be filed.

IT IS ORDERED:

- ☐ 7. _____ is ☐ removed ☐ permitted to resign as _____ .
Name of guardian _____ Type (plenary, partial, standby) _____
☐ S/he shall file with this court and serve on the interested persons a final account no later than _____ .
Date _____
☐ The _____ guardian is discharged. The matter is ☐ closed. ☐ not closed.
Type (plenary, partial, standby) _____
- ☐ 8. _____ is appointed successor
Name _____ Address _____
City _____ State _____ Zip _____ Telephone no. _____
☐ plenary ☐ partial ☐ temporary guardian of the ☐ individual ☐ estate and qualifies by filing
☐ an acceptance of appointment. ☐ Bond at \$ _____ must be filed.
The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.
- ☐ The temporary guardian shall serve until _____ with the following powers: _____
Date _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

☐ 9. _____
Name Address

City State Zip Telephone no. is appointed

☐ standby guardian. ☐ successor standby guardian.

In case of death, incapacity, or resignation of the initially appointed guardian or an emergency situation during the absence and unavailability of the initially appointed guardian, the standby guardian shall file

☐ an acceptance of appointment
☐ bond in the amount of \$ _____

and shall assume the powers and duties of the initially appointed guardian. After qualification, the standby guardian shall comply with all relevant requirements under the law.

☐ 10. The guardianship is modified as follows:

☐ 11. The guardian is authorized to execute an application to admit the individual named above to

Name of facility

☐ 12. The petition is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 13. Other:

Date

Judge

Attorney name (type or print)		Bar no.		
Address	City	State	Zip	Telephone no.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

ORDER REGARDING APPOINTMENT
OF CONSERVATOR
☐ ADULT ☐ MINOR

FILE NO. _____

Estate of _____, a protected individual
First, middle, and last name

1. Date of hearing: _____ Judge _____ Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

☐ 3. The individual is not in need of a conservator.

☐ 4. Upon presentation of clear and convincing evidence, the **adult** individual is in need of a conservator because s/he is unable to manage his/her property and business affairs effectively because of

- | | | |
|--|--|--|
| <input type="checkbox"/> mental illness. | <input type="checkbox"/> mental deficiency. | <input type="checkbox"/> physical illness or disability. |
| <input type="checkbox"/> chronic use of drugs. | <input type="checkbox"/> chronic intoxication. | <input type="checkbox"/> confinement. |
| <input type="checkbox"/> detention by a foreign power. | <input type="checkbox"/> disappearance. | <input type="checkbox"/> other: _____ |

and ☐ a. the individual has property that will be wasted or dissipated unless proper management is provided, or
☐ b. money is needed for the support, care, and welfare of the individual or those entitled to be supported by the individual and that protection is necessary to obtain or provide the money.

☐ 5. The individual is mentally competent but because of age or physical infirmity is unable to manage his or her property and affairs effectively and, recognizing this disability, has requested a conservator's appointment.

☐ 6. Upon presentation of clear and convincing evidence, the **minor** individual is in need of a conservator because the minor

- ☐ a. owns money or property that requires management or protection that cannot otherwise be provided.
☐ b. has or may have business affairs that may be jeopardized or prevented by the person's minority.
☐ c. needs money for support and education, and protection is necessary or desirable to obtain or provide money.

☐ 7. It is in the ward's best interests for the guardian to sell or otherwise dispose of the ward's real property or interest in real property. The guardian should be appointed as special conservator to petition for sale of the real estate.

☐ 8. There is no qualified, suitable individual willing to act as conservator and the appointment of a professional conservator is in the best interests of the adult or minor. A bond must be filed.

☐ 9. The value of cash and property that is readily convertible into cash in the estate exceeds the limit for administering the estate under MCL 700.3982.

- ☐ a. Bond must be filed.
☐ b. Bond is not required under MCL 700.5410(1) because
☐ the estate contains no property readily convertible to cash, and the cash is already in a restricted account with a financial institution or will be deposited in a restricted account.
☐ the conservator has trust powers pursuant to MCL 487.14401.
☐ requiring a bond would impose a financial hardship on the estate.
☐ other: _____

(SEE SECOND PAGE FOR ORDER)

Do not write below this line - For court use only

IT IS ORDERED:

10. The petition for the conservator is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.
The conservator is not permitted to act until letters of conservatorship are issued.

- ☐ 11. _____, whose address and telephone number are
Name (type or print)
_____, is appointed
Address City State Zip Telephone no.

☐ a. conservator of all assets of the individual's estate.

☐ b. limited conservator of the following assets: _____
_____. The individual retains title to all other assets in the estate.

☐ c. special conservator with authority to proceed under MCL 700.5423(3) in order to dispose of real property.

Acceptance of appointment must be filed.

☐ Bond at \$ _____ must be filed.

☐ \$ _____ shall be deposited in a restricted account. (Verification must be filed using form PC 669 pursuant to MCR 5.409[C][4].)

The conservator is not permitted to act until letters of conservatorship are issued. After qualification, the conservator shall comply with all relevant requirements under the law.

- ☐ 12. The conservator is not required to file an annual account.

☐ 13. The ☐ attorney ☐ guardian ad litem for the individual is discharged.

☐ 14. **IT IS FURTHER ORDERED:**

Date

Judge

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____**
**PETITION FOR APPOINTMENT OF
LIMITED GUARDIAN OF MINOR**
FILE NO.

In the matter of _____ **XXX-XX-** _____, a minor
First, middle, and last name Last four digits of SSN

1. I am interested in this matter and make this petition as custodial parent of the minor.
- ☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.
3. The minor was born _____, is ☐ female, ☐ male, is unmarried, resides in _____
 Date County
 at _____
 Address City/Township State Zip
 and is presently located in _____ at _____
 County Address (only if different than above)
 City/Township State Zip .
- ☐ The minor is a citizen of the following foreign country: _____.
4. ☐ The minor is not an Indian child as defined in MCR 3.002(12).
☐ It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

5. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent /DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent /DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

None of these persons **are** under any legal incapacity except _____
 Name, incapacity, and representative of the person, if any

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

6. The welfare of the minor will be served by the appointment.

7. A proposed limited guardianship placement plan is attached.

I REQUEST:

8. _____ whose address is _____
 Name Address
 _____ be appointed limited guardian of the minor.
 City/Township State Zip Telephone no.

9. Other: _____

10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

 Date

 Signature of custodial parent

 Address

 City, state, zip Telephone no.

 Date

 Signature of custodial parent

 Address

 City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

☐ 11. I am 14 years of age or older. I nominate _____ as my guardian
 Name
 who lives at _____
 Address City State Zip

 Date

 Signature of minor

 Attorney signature

 Attorney name (type or print) Bar no.

 Address

 City, state, zip Telephone no.

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____**
**PETITION FOR APPOINTMENT OF LIMITED
GUARDIAN OF MINOR INDIAN CHILD
(VOLUNTARY GUARDIANSHIP)**
FILE NO.

In the matter of _____, **XXX-XX-** _____, _____
Name of minor Indian child Last four digits of SSN Name of tribe and identification no. (if one)

1. I am interested in this matter and make this petition as custodial parent or Indian custodian of the minor Indian child.

2. A consent to the voluntary guardianship will be or has been executed under MCL 712B.13 (form PC 686).

3. I consent to the suspension of my parental rights under MCL 700.5205.

4. The minor was born _____, is ☐ female, ☐ male, is unmarried, resides in _____
Date County

at _____
Address City/Township State Zip

and is presently located in _____ at _____
County Address (only if different than above)

City/Township State Zip

☐ The minor is a citizen of the following foreign country: _____.

☐ 5. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor
 has been previously filed in _____ Court, Case Number _____, was
 assigned to Judge _____, and ☐ remains ☐ is no longer pending.

6. The persons interested in this proceeding are:

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

None of these persons **are** under any legal incapacity except _____
Name, incapacity, and representative of the person, if any
(SEE SECOND PAGE)

Do not write below this line - For court use only

7. The welfare of the minor will be served by the appointment.

8. A proposed limited guardianship placement plan is attached.

I REQUEST:

9. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. be appointed limited guardian of the minor.

10. Other: _____

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of custodial parent

Address

City, state, zip Telephone no.

Date

Signature of custodial parent

Address

City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

☐ 11. I am 14 years of age or older. I nominate _____ as my guardian
Name
who lives at _____
Address City State Zip

Date

Signature of minor

Attorney signature

Address

Attorney name (type or print) Bar no.

City, state, zip Telephone no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	FILE NO.
--	--	-----------------

In the matter of _____, a minor
First, middle, and last name **XXX-XX-**
Last four digits of SSN

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

1. I, _____, am interested in the welfare of the minor and make this
Name (type or print)
 petition as _____.
Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. The minor was born _____, is ☐ female, ☐ male, is unmarried, resides in _____
Date County
 at _____,
Address City/Township State Zip,
 and is presently located in _____ at _____
County Address (if different than above)

City/Township State Zip

☐ The minor is a citizen of the following foreign country: _____.

3. ☐ The minor is not an Indian child as defined in MCR 3.002(12).
☐ It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

4. The persons interested in this proceeding are:

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent /DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent /DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

4. (continued) If neither parent is living, the names and addresses of the minor's grandparents and nearest of kin who are adults are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.

None of these persons **are** under any legal incapacity except _____
Name, incapacity, and representative of the person, if any

☐ 5. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

6. The minor is in need of a guardian because

- ☐ a. the parental rights of both parents or of the surviving parent have been terminated or suspended by
- ☐ death.
 - ☐ disappearance.
 - ☐ confinement in a place of detention.
 - ☐ judicial determination of mental incompetency.
 - ☐ a previous court order other than an order appointing a limited guardian of the minor.
 - ☐ judgment of divorce or separate maintenance.
- OR**
- ☐ b. the parent permits the minor to reside with another person and does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**
- ☐ c. the biological parents of the minor were never married to each other and _____, the custodial parent ☐ died ☐ has disappeared since _____, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 7. A temporary guardian is necessary because _____.

I REQUEST:

8. _____, whose address and telephone number are _____
Name Address
_____, be appointed guardian of the minor.
City/Township State Zip Telephone no.

☐ 9. The court order the parent(s) to provide ☐ reasonable support for ☐ parenting time with ☐ contact with the minor.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Address

City, state, zip Telephone no.

Date

Signature of petitioner

Address

City, state, zip Telephone no.

☐ 10. I am 14 years of age or older. I nominate _____ as my guardian,
Name
who lives at _____
Address City State Zip

Date

Attorney signature

Attorney name (type or print) Bar no.

Signature of minor

Address

City, state, zip Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____**
**PETITION FOR APPOINTMENT OF
GUARDIAN OF MINOR INDIAN CHILD
(VOLUNTARY GUARDIANSHIP)**
FILE NO.

In the matter of _____ **XXX-XX-** _____
 Name of minor Indian child Last four digits of SSN Name of tribe and identification no. (if one)

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

1. I am interested in this matter and make this petition as custodial parent or Indian custodian of the minor Indian child.

2. A consent to the voluntary guardianship will be or has been executed under MCL 712B.13 (form PC 686).

3. The minor was born _____, is ☐ female, ☐ male, is unmarried, resides in _____
 Date County

at _____
 Address City/Township State Zip

and is presently located in _____ at _____
 County Address (if different than above)

City/Township State Zip .

☐ The minor is a citizen of the following foreign country: _____ .

4. The persons interested in this proceeding are:

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

None of these persons **are** under any legal incapacity except _____
 Name, incapacity, and representative of the person, if any

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

☐ 5. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

6. The minor is in need of a guardian because

- ☐ a. the parental rights of both parents or of the surviving parent have been terminated or suspended by
- ☐ death.
 - ☐ disappearance.
 - ☐ confinement in a place of detention
 - ☐ judgment of divorce or separate maintenance.
 - ☐ a previous court order other than an order appointing a limited guardian of the minor.
 - ☐ judgment of divorce or separate maintenance.
- ☐ judicial determination of mental incompetency. **OR**

☐ b. the parent(s) permit(s) the minor to reside with another person and the parent(s) do/does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**

☐ c. the biological parents of the minor were never married to each other and _____, the custodial parent ☐ died ☐ has disappeared since _____, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 7. A temporary guardian is necessary because _____.

I REQUEST:

8. _____, whose address and telephone number are

Name _____

Address _____ City/Township _____ State _____ Zip _____ Telephone no. _____

be appointed guardian of the minor.

☐ 9. The court order the parent(s) to provide ☐ reasonable support for ☐ parenting time with ☐ contact with the minor.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Date

Signature of petitioner

Signature of petitioner

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

☐ 10. I am 14 years of age or older. I nominate _____ as my guardian,

Name _____

who lives at _____

Address _____ City _____ State _____ Zip _____

Date

Signature of minor

Attorney signature

Address

Attorney name (type or print) Bar no.

City, state, zip Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**PETITION FOR APPOINTMENT OF
GUARDIAN OF MINOR INDIAN CHILD
(INVOLUNTARY GUARDIANSHIP)**

FILE NO.

In the matter of _____ **XXX-XX-** _____
Name of minor Indian child Last four digits of SSN Name of tribe and identification no. (if one)

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

1. I, _____, am interested in the welfare of the minor and make this
Name (type or print)
 petition as _____.
Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. This is not a voluntary guardianship under MCL 712B.13. The following active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. (Specify efforts below. Attach separate sheet if needed.)

3. The minor was born _____, is ☐ female, ☐ male, is unmarried, resides in _____
Date County
 at _____
Address City/Township State Zip
 and is presently located in _____ at _____
County Address (if different than above)

City/Township State Zip

☐ The minor is a citizen of the following foreign country: _____.

☐ 4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor
 has been previously filed in _____ Court, Case Number _____, was
 assigned to Judge _____, and ☐ remains ☐ is no longer pending.

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

5. The persons interested in this proceeding are:

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

If neither parent is living, the names and addresses of the minor's grandparents and nearest of kin who are adults are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.

None of these persons **are** under any legal incapacity except _____
Name, incapacity, and representative of the person, if any

6. The minor is in need of a guardian because

- ☐ a. the parental rights of both parents or of the surviving parent have been terminated or suspended by
- ☐ death. ☐ a previous court order other than an order appointing a limited guardian of the minor.
- ☐ disappearance. ☐ judgment of divorce or separate maintenance.
- ☐ confinement in a place of detention
- ☐ judicial determination of mental incompetency. **OR**
- ☐ b. the parent(s) permit(s) the minor to reside with another person and the parent(s) do/does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**
- ☐ c. the biological parents of the minor were never married to each other and _____, the custodial parent ☐ died ☐ has disappeared since _____, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 7. A temporary guardian is necessary because _____

I REQUEST:

8. _____, whose address and telephone number are
Name
Address City/Township State Zip Telephone no. ,
be appointed guardian of the minor.

☐ 9. The court order the parent(s) to provide ☐ reasonable support for ☐ parenting time with ☐ contact with the minor.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Address

City, state, zip

Telephone no.

Date

Signature of petitioner

Address

City, state, zip

Telephone no.

☐ 10. I am 14 years of age or older. I nominate _____ as my guardian,
Name
who lives at _____
Address City State Zip .

Date

Attorney signature

Attorney name (type or print)

Bar no.

Signature of minor

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER REGARDING APPOINTMENT OF <input type="checkbox"/> GUARDIAN <input type="checkbox"/> LIMITED GUARDIAN OF A MINOR	FILE NO.
--	---	-------------------------

In the matter of _____, a minor
First, middle, and last name

USE NOTE: Use form PC 653-I if the minor is an Indian child.

1. Date of hearing: _____ Judge: _____
Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons, venue is proper, and a qualified person seeks appointment.

☐ 3. The minor named above is not in need of a guardian.

☐ 4. The minor named above is unmarried and is in need of a guardian because

☐ a. parental rights of both parents or of the surviving parent have been

☐ terminated ☐ suspended by

☐ prior court order.

☐ death.

☐ disappearance.

☐ judgment of divorce or separate maintenance.

☐ judicial determination of mental incompetency.

☐ confinement in a place of detention.

or ☐ b. the parent(s) permit the minor to reside with another person and do not provide the other person with the legal authority for the care and maintenance of the minor who was not residing with a parent when the petition was filed.

or ☐ c. the biological parents of the minor were never married to each other, the custodial parent has
☐ died, ☐ disappeared, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 5. The minor named above is unmarried, and the custodial parent(s) consented to the appointment of a limited guardian and voluntarily consented to suspension of parental rights. A limited guardianship placement plan has been filed and approved.

☐ 6. The welfare of the minor will be served by the appointment,
☐ and by ☐ payment of reasonable support. ☐ reasonable parenting time and contact by the parent(s).

☐ 7. There is no qualified, suitable individual willing to act as guardian, and the appointment of a nonprofit corporation as guardian is in the best interest of the minor. A personal bond must be filed.

IT IS ORDERED:

☐ 8. The petition is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 9. _____, whose address and telephone number are
Name (type or print)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

is appointed ☐ full ☐ limited ☐ temporary guardian of the minor named above, and an acceptance of appointment shall be filed. ☐ Personal bond at \$ _____ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

☐ 10. This appointment is ☐ regular. ☐ temporary, expiring on _____ .

☐ 11. Parenting time shall be ☐ as stated in the placement plan. Date _____

☐ 12. Child support shall be paid: _____ ☐ as stated in the placement plan.

☐ 13. The ☐ attorney ☐ guardian ad litem ☐ lawyer-guardian ad litem for the minor is discharged.

☐ 14. Other:

Date

Judge

Attorney name (type or print) Bar no. _____

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER REGARDING APPOINTMENT OF
☐ GUARDIAN ☐ LIMITED GUARDIAN
OF A MINOR INDIAN CHILD**

FILE NO.

In the matter of _____, **XXX-XX-**_____
Name of minor Indian child Last four digits of SSN Name of tribe and identification no. (if one)

1. Date of hearing: _____ Judge: _____ Bar no.

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons, venue is proper, and a qualified person seeks appointment.

☐ 3. The minor named above is not in need of a guardian.

☐ 4. The tribe has exclusive jurisdiction.

☐ 5. The minor named above is unmarried and is in need of a guardian because

☐ a. parental rights of both parents or of the surviving parent have been

☐ terminated ☐ suspended by

☐ prior court order.

☐ death.

☐ disappearance.

☐ judgment of divorce or separate maintenance.

☐ judicial determination of mental incompetency.

☐ confinement in a place of detention.

or ☐ b. the parent(s) permit the minor to reside with another person and do not provide the other person with the legal authority for the care and maintenance of the minor who was not residing with a parent when the petition was filed.

or ☐ c. the biological parents of the minor were never married to each other, the custodial parent has ☐ died, ☐ disappeared, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 6. The minor named above is unmarried, and it is in the Indian child's best interests to order the guardianship.

☐ a. The parent(s)/Indian custodian consented to the appointment of a limited guardian and voluntarily consented to suspension of parental rights. A limited guardianship placement plan has been filed and approved.

☐ b. The parent(s)/Indian custodian consented to the appointment of a guardian under MCL 712B.13.

☐ c. The parent(s)/Indian custodian has/have not consented to the appointment of a guardian under MCL 712B.13. Upon clear and convincing evidence, including testimony of at least one expert witness who has knowledge of child-rearing practices of the Indian child's tribe, active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family, those active efforts were unsuccessful, and the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. The active efforts took into account the prevailing social and cultural conditions and way of life of the Indian child's tribe. The placement requirements of MCR 5.404(C)(2) and (3) have been met.

☐ 7. The welfare of the minor will be served by the appointment,

☐ and by ☐ payment of reasonable support. ☐ reasonable parenting time and contact by the parent(s).

☐ 8. There is no qualified, suitable individual willing to act as guardian, and the appointment of a nonprofit corporation as guardian is in the best interest of the minor. A personal bond must be filed.

(SEE SECOND PAGE)

Do not write below this line - For court use only

IT IS ORDERED:

☐ 9. The petition is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 10. _____, whose address and telephone number are
Name (type or print)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

is appointed ☐ full ☐ limited ☐ temporary guardian of the minor named above, and an
acceptance of appointment shall be filed. ☐ Personal bond at \$ _____ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply
with all relevant requirements under the law.

☐ 11. This appointment is ☐ regular. ☐ temporary, expiring on _____ .
Date

☐ 12. Parenting time shall be ☐ as stated in the placement plan.

☐ _____

☐ 13. Child support shall be paid: ☐ as stated in the placement plan.

☐ _____

☐ 14. The ☐ attorney ☐ guardian ad litem ☐ lawyer-guardian ad litem for the minor is discharged.

☐ 15. Other:

Date

Judge

Attorney name (type ro print) Bar no.

Address

City, state zip Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY****ANNUAL REPORT OF GUARDIAN
ON CONDITION OF MINOR****FILE NO.**

This report should be completed annually by the guardian, or more often if directed by the court.

In the matter of _____, minor
First, middle, and last name

1. I, _____, am the guardian of the above named minor and my annual
Name (type or print)
report for the period _____ to _____ is as follows:
Date Date

2. Present age of the minor: _____ Minor's date of birth: _____

3. Living Arrangement

a. The current address and telephone number of the minor are: _____ .

b. The minor's residence is: ☐ Check here if this is a new address
☐ guardian's home ☐ relative's home: _____ ☐ other: _____
Relationship

c. The minor has been in the present residence since _____ . If moved within the past year, state
Date the changes and the reasons for change:

d. I rate the minor's living arrangement as ☐ excellent. ☐ average. ☐ below average.

e. I believe the minor is ☐ content with the living situation. ☐ unhappy with the living situation.

☐ f. I recommend a more suitable living arrangement for the minor as follows: _____

4. Physical Health

a. The minor's current physical condition is ☐ excellent. ☐ good. ☐ fair. ☐ poor.

b. During the past year the minor's physical condition has
☐ remained about the same.
☐ improved. _____
Explain

☐ worsened. _____
Explain

c. During the past year the minor received the following medical treatment (include check-ups and optical and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form

Do not write below this line - For court use only

5. Education

- ☐ a. The minor regularly attends school at _____
and is in grade _____.
- ☐ b. The minor attends alternative education at _____
and is in grade _____.
- ☐ c. The minor does not attend school because _____.

6. Activities of Minor

- a. The minor's social activities (including sports) are: _____
_____.
- b. During the past year the minor has been in counseling with _____
at _____.
- c. During the past year the minor received in-patient services at _____
_____.

7. Parenting time between the minor and parents was as follows:

- a. Parent's name and current address: _____
Parenting time: _____.
- b. Parent's name and current address: _____
Parenting time: _____.
- c. Comments about parenting time: _____
_____.

8. Parents complied with the ☐ court-structured plan ☐ limited guardianship placement plan **as follows:**

Changes should be made to the plan as follows:

9. The guardianship ☐ should ☐ should not **be continued because:** _____

10. I ☐ am ☐ am not **willing to continue to serve as guardian.**☐ **11. As guardian, I have been ordered by the court to file an annual account, which is attached.**

Date

Signature of guardian

Address

City, state, zip

Telephone no.

☐ Check here if this is a new address

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Telephone no.

☐ Check here if this is a new address

**STATE OF MICHIGAN
PROBATE COURT
COUNTY**

**LETTERS OF GUARDIANSHIP OF
INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY**

FILE NO.

In the matter of _____, an individual with a developmental disability
First, middle, and last name

TO:

Name, address, city, state, and zip

Guardian's telephone no.

You have been appointed and have qualified as ☐ partial guardian ☐ plenary guardian of the ☐ estate ☐ person of the individual

named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules, and order of this court unless limited below.

☐ The guardian's authority is limited to those acts specifically set forth below:

The order appointing you as guardian expires on _____ .
Date

Date

Judge Bar no.

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date

Deputy probate register/clerk

Do not write below this line - For court use only

AS REQUIRED BY MICHIGAN COURT RULES YOU ARE NOTIFIED:

You are required to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

CHANGE OF ADDRESS: You are required to promptly inform the court of any change in the ward's address within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in you address.

☐ **ANNUAL REPORT:**

Your annual report on the condition of the individual with developmental disability is due on _____
of each year. (Use form PC 663.) Date

☐ **ACCOUNTS:** You must file with this court once a year, either on the anniversary date of your letters of guardianship or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the trust. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account.")

☐ **INVENTORY:** You are required by law to prepare an inventory of the assets of the estate that you have been given authority over within 56 days from the date of your appointment. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the guardian.

DEATH OF WARD: If the ward dies during the guardianship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

KEEP THIS NOTICE FOR FUTURE REFERENCE

**STATE OF MICHIGAN
PROBATE COURT
COUNTY****REPORT OF GUARDIAN ON
CONDITION OF INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY****FILE NO.**

This report should be completed annually by the guardian or more often if directed by the court.

In the matter of _____, an individual with a developmental disability
First, middle, and last name

1. I, _____, am the guardian of the individual named above, and I report for
Name (type or print)
the period _____ to _____.
Date Date

2. Present age of the individual: _____ Individual's date of birth: _____

3. The current address and telephone number of the individual are: _____

☐ Check here if this is a new address

4. The individual's present living arrangement is:

☐ own home ☐ relative's home _____
☐ hospital or medical center ☐ guardian's home _____ Relationship
☐ community placement home ☐ other: _____

5. The individual has been in the present residence since _____. Descriptions and addresses of every residence where the individual has lived during this reporting period and the length of stay at each residence are as follows:

6. I rate the individual's present living arrangements as ☐ excellent. ☐ average. ☐ below average.

Explain if below average

7. I believe the individual is ☐ content with the living situation. ☐ unhappy with the living situation. I recommend a more suitable residence as follows: _____
Describe

8. The individual's mental condition has ☐ remained about the same. ☐ improved. ☐ deteriorated.

Describe the changes

9. The individual's physical health has ☐ remained about the same. ☐ improved. ☐ deteriorated.

Describe the changes

10. The individual's social condition has ☐ remained about the same. ☐ improved. ☐ deteriorated.

Describe the changes

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

Date

Signature of reviewer

Court action to be taken

11. The individual has received the following services:

☐ medical. ☐ educational. ☐ vocational. ☐ other professional services.

Describe _____

12. My visits with and activities on behalf of the individual were: _____

13. I believe the individual has the following needs: _____

14. I have the following questions concerning the individual or my responsibilities: _____

15. Other information requested by the court or necessary in the opinion of the guardian is as follows: _____

16. The guardianship ☐ should ☐ should not be continued because: _____

☐ 17. As guardian, I have been ordered by the court to file an annual account, which is attached.

18. Comments:

Date

Signature of guardian

Address

City, state, zip

Telephone no.

☐ Check here if this is a new address

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Telephone no.

☐ Check here if this is a new address

STATEMENT BY STANDBY GUARDIAN

I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.

Date

Address

☐ Check here if this is a new address

Signature of guardian

City, state, zip

Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**
**MINOR GUARDIANSHIP
SOCIAL HISTORY**
FILE NO.

USE NOTE: File this form with the petition for appointment of guardian. This information is confidential and will not be placed in the public court file.

Parent and Minor Child Information:

Name of minor		Minor's birth date		Last 4 digits of Minor's SSN	
Minor's present address		City		State Zip	
Parent's name		Parent's birth date		Parent's name	
Parent's birth date		Parent's name		Parent's birth date	
Father's name on minor's birth certificate		Paternity established through court proceedings If yes, specify court and county where paternity was established			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County			
Minor's parents married to each other		Minor's parents divorced from each other If yes, specify county of divorce			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No _____ County			
Check any of the following that are true about the child or parent(s) and describe below (include the name of any case worker)					
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____		Victim of domestic violence		
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____		Had contact with the protective services unit of MDHHS		
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____		Experienced a substance abuse problem		
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____		Experienced a mental health problem		
Name of school child attends (specify if home schooled)					
Describe child's school attendance, behavior, and grades					
Describe child's relationship and extent of contact with parent(s)					
If the child is a member of an Indian tribe, or is eligible for membership in an Indian tribe and is a biological child of a member of an Indian tribe, list the child's tribal affiliation.					

Proposed Guardian Information:

Name of proposed guardian (including any prior names)		Birth date		Driver's license no.		Last 4 digits of SSN	
Present address		City		State		Zip	
Relationship to minor		Home phone no.		Work phone no.		Cell phone no.	
Guardianship of any other minor		If yes, give name and file numbers of each minor child					
Occupation		Employer's name and telephone no.				Length of time with this employer	
Check any of the following that are true about the proposed guardian and describe below (include the name of any case worker)							
<input type="checkbox"/> Victim of domestic violence <input type="checkbox"/> Had contact with the protective services unit of MDHHS <input type="checkbox"/> Experienced a substance abuse problem <input type="checkbox"/> Experienced a mental health problem							
Specify the date, place, and nature of any offense, other than a minor traffic violation, for which you were convicted; check if none							
<input type="checkbox"/> None							

Proposed Guardian Questionnaire: (the proposed guardian must complete all items below)

1. Describe the reasons for the guardianship.
2. Do the parents agree with this guardianship? ☐ Yes ☐ No If no, explain.
3. Describe the parents' visiting schedule with the child after you are the guardian. If there is no understanding about this, check ☐ none.
4. Describe any physical and/or mental limitations you have that would affect your ability to raise this child. If there are none, check ☐ none.
5. Describe the type (visits, telephone calls, etc.) and frequency of contact (daily, weekly, etc.) you have had with the minor in the past.
6. Explain how you propose to handle the additional financial burden of this guardianship. List annual income of the household and the sources of that income.
7. Describe the sleeping space you have in your home for this child.
8. Indicate how many other children live in your home.
9. Describe the methods of discipline you would use to control this child.
10. Provide the full name and date of birth of every adult living in the home.
11. List two people the court may contact for references. Provide their names, addresses, and telephone numbers.
12. Specify any other information you believe would be helpful to the court.

Date_____
Signature

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

PETITION TO
☐ **TERMINATE** ☐ **MODIFY**
GUARDIANSHIP
☐ **LEGALLY INCAPACITATED INDIVIDUAL** ☐ **MINOR**

FILE NO. _____

In the matter of _____

First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of ward
-----------	---------------	------	-----	-------------------------

1. I am interested in this matter as _____ .
 State relationship/interest

☐ 2. a. The interested persons for the minor, their relationship to the minor, and their addresses are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent DOB _____	Street address			
		City	State	Zip	Telephone No.
	Parent DOB _____	Street address			
		City	State	Zip	Telephone No.
	Conservator	Street address			
		City	State	Zip	Telephone No.
	Guardian	Street address			
		City	State	Zip	Telephone No.
	Person with care/ custody of minor**	Street address			
		City	State	Zip	Telephone No.

**Also list persons who had principal care and custody of the minor during the 63 days preceding filing the petition.

☐ b. The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is _____ .

☐ The minor is not an Indian child as defined by MCR 3.002(12).

☐ It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

c. If this guardianship is terminated, the minor child will be returned to

☐

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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- ☐ 3. The incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has
- ☐ a spouse ☐ adult child(ren) ☐ living parents whose name(s) and address(es) are listed below.
- ☐ no spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
- ☐ none of the above (must notify the Attorney General*).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.

*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____

I REQUEST that the court:

- ☐ 5. Terminate the guardianship.
- ☐ 6. Accept the guardian's resignation.
- ☐ 7. Remove the guardian who ☐ has ☐ has not been suspended.
- ☐ 8. Appoint _____

Name (type or print)

Address

City

State

Zip

Telephone no.

as successor guardian.

- ☐ 9. Appoint _____

Name (type or print)

Address

City

State

Zip

Telephone no.

as a temporary guardian pending appointment of a successor.

- ☐ 10. Modify the powers of the guardian as follows: _____

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Petitioner signature

Name (type or print)

Bar no.

Name (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

NOMINATION BY MINOR:

- ☐ I am 14 years of age or older. I nominate _____ as my guardian, who lives at _____

Name

Address

City

State

Zip

Date

Signature of minor

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTICE OF GUARDIANSHIP PROCEEDINGS
CONCERNING AN INDIAN CHILD**

FILE NO.

Court address

Court telephone no.

In the matter of

Name of minor Indian child

TO:

(Name and telephone no.
of natural **parent** or Indian
custodian. State if unknown.)

(Name and telephone no.
of natural **parent** or Indian
custodian. State if unknown.)

(Name and telephone no. of Tribal
chairperson. State if unknown.)

(Use only if identity of parents,
custodian, or tribe is unknown.
If grandparent[s] are known, please
attach a sheet with name[s] and
date[s] of birth.)

**Midwest Regional Director, Bureau of Indian Affairs
5600 West American Blvd., Suite 500
Norman Pointe II Building
Bloomington, MN 55437
(612) 725-4500**

TAKE NOTICE:

1. A petition regarding guardianship of the Indian child named above has been filed. A hearing will be held on this petition on

_____ at _____ at _____
Date Time Location

2. A copy of the petition is attached to this notice.

3. You have the absolute right to intervene in this proceeding and, absent objection by either Indian parent, you have the right

to petition the court to have this case transferred to the Tribal court of the _____
Tribe. The Tribal court may decline the transfer.

4. You may object to a transfer of this case to the Tribal court.

5. As a parent or Indian custodian, you have the right to a court-appointed attorney if you are determined indigent. If you intend to request a court-appointed attorney, you should contact the court immediately by telephone or in writing.

If you choose to attend this hearing and you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

USE NOTE: This notice must be sent to the parties by personal service or registered mail, return receipt requested. If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

25 USC 1912, MCL 712B.9, MCL 712B.13(1)(b), MCL 712B.15(1)(a), MCL 712B.25(6),
MCR 5.109(1), MCR 5.404(B)(2),
MCR 5.404(C)(1)

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____****APPLICATION AND ORDER FOR
APPOINTMENT OF
OUT-OF-STATE GUARDIAN OF MINOR****FILE NO.** _____In the matter of _____, a minor **XXX-XX-**
First, middle, and last name Last four digits of SSN**USE NOTE:** If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).1. I, _____, am interested in this matter and
Name
make this application as the individual's guardian appointed, qualified, and serving in good standing in another state.

2. I am not aware of any guardianship or pending petitions in this state for a guardianship of the minor.

3. The minor was born _____, is ☐ female, ☐ male, is unmarried, resides in _____
Date Countyat _____
Address City/Township State Zipand is presently located in _____ at _____
County Address (if different than above)

City/Township State Zip .

☐ The minor is a citizen of the following foreign country: _____.☐ 4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the above
minor has been previously filed in _____ Court, Case Number _____, was
assigned to Judge _____, and ☐ remains ☐ is no longer pending.

5. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent /DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent /DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

None of these persons are under any legal incapacity except _____
Name, incapacity, and representative of the person, if any

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

6. ☐ The minor is a member of an Indian tribe or is eligible for membership in an Indian tribe. The name of the tribe is _____.

☐ The minor is not an Indian child as defined in MCR 3.002(12).

☐ It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

☐ 7. The minor has a conservator. (Specify name and address below).

Name and address

8. _____
Name of court that appointed guardian State Telephone no.
appointed the guardian for the following reason(s): _____

9. **I REQUEST** that the court of this state appoint me guardian of the minor in accordance with the laws of this state.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature

Date

Attorney name (type or print)

Bar no.

Applicant signature

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

ORDER APPOINTING GUARDIAN

1. An application for appointment of a guardian of a minor was filed in this court along with an authenticated copy of the guardian's letters of appointment in the other state and an acceptance of appointment in this state.

IT IS ORDERED:

2. _____ is appointed temporary guardian of
Name of guardian (type or print)
_____, a minor in this state.
Name of minor (type or print)

Date

Judge

Bar no.

NOTICE TO INTERESTED PERSONS

Unless an objection to the above appointment is filed with the court within 28 days of the date of the order appointing, the temporary guardian shall be appointed full guardian of the minor.

NOTE TO APPLICANT: Within 14 days of your appointment as the temporary guardian, you must send, by first-class mail, a copy of this application, order, and notice to all interested persons and file proof of service with this court.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____****CONSENT BY PARENT/INDIAN CUSTODIAN
TO GUARDIANSHIP OF INDIAN CHILD****FILE NO.** _____In the matter of _____ ,
Full name of child Name of tribe and identification no. (if one)1. I, _____ , am the ☐ parent (Date of birth _____)
Name ☐ Indian custodian
of the child named above, who was born _____ at _____ .
Date Place

2. A judge has fully explained to me my legal rights as a parent/Indian custodian and that I do not have to sign this voluntary consent to a petition for guardianship. The explanation given to me was in a language understood by me or interpreted into my own language if I do not speak English. I understand my parental rights and that if I do sign this consent, I voluntarily suspend all of my parental rights to the child for placement with a guardian.

3. This consent is not given before or within 10 days after the birth of the child.

4. I understand that I may withdraw my consent at any time by sending written notice to the court substantially in compliance with a form approved by the State Court Administrative Office and that, upon receipt of that notice, the court will immediately enter an ex parte order terminating the guardianship and returning the child to me.

5. Of my own free will, I consent to the guardianship of the child by the petitioner(s). The name and address of the person with whom my child will be placed is _____ .
Name and address of proposed guardian

Date _____ Parent/Indian custodian signature _____

Address _____ City _____ State _____ Zip _____

CERTIFICATION BY JUDGE

1. Notice of this proceeding was given as required by MCR 5.109(1).

2. At a hearing where a verbatim record of testimony was made, I explained to the parent/Indian custodian her/his legal rights under MCL 712B.13 and that, by signing this consent, s/he was voluntarily suspending her/his parental rights to the Indian child for placement with the proposed guardian. the parent/Indian custodian then voluntarily signed this consent.

Date _____ Judge _____ Bar no. _____

STATEMENT OF INTERPRETERThis proceeding was translated by me to the parent/Indian custodian in his/her spoken language of _____ .
Spoken language

Signature of interpreter _____

Subscribed and sworn to before me on _____
Date County and stateMy commission expires: _____ Signature: _____
Date

Notary public, State of Michigan, County of _____ , Name (type or print)

Address _____ City _____ State _____ Zip _____

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____ORDER OF INVESTIGATION
AND NOTICE OF HEARING ON
GUARDIANSHIP OF INDIAN CHILD

FILE NO. _____

NEW FORMIn the matter of _____
First, middle, last name

1. The court has discovered that the minor listed above may be an Indian child.
2. A guardianship was ordered in this case on _____ .
Date

ORDER TO INVESTIGATE**IT IS ORDERED:**

3. For the guardianship of the minor,

Name (type or print)☐ The Michigan Department of Health and Human Services_____
Address_____
Address_____
City, state, zip_____
Telephone no._____
City, state, zip_____
Telephone no.

is appointed to investigate and to report to the court in accordance with MCL 700.5204(1).

4. The investigation shall include an inquiry into Indian tribal membership for the minor. If the minor is an Indian child, the report shall contain the information required in MCL 712B.25(1).
5. The guardian shall cooperate with this investigation.
6. The investigation shall be completed and a report filed with the court no later than _____ .
Date (7 days before the hearing on the petition)

Date_____
Judge_____
Bar no.**(SEE SECOND PAGE FOR NOTICE OF HEARING)**

Do not write below this line - For court use only

NOTICE OF HEARING OF GUARDIANSHIP PROCEEDINGS

TO:

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┐

(Name and telephone no.
of natural parent or Indian
custodian. State if unknown.)

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(Name and telephone no.
of natural parent or Indian
custodian. State if unknown.)

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(Name and telephone no. of Tribal
chairperson. State if unknown.)

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Midwest Regional Director, Bureau of Indian Affairs
5600 West American Blvd., Suite 500
Norman Pointe II Building
Bloomington, MN 55437
(612) 725-4500

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(Use only if identity of parents,
custodian, or tribe is unknown.
If grandparent[s] are known, please
attach a sheet with name[s] and
date[s] of birth.)

TAKE NOTICE:

1. The court has discovered that the minor may be an Indian child. The Indian Child Welfare Act and the Michigan Indian Family Preservation Act may apply to this case.
2. A hearing regarding the guardianship of the minor will be held at the date, time, and location listed below:

Date and Time

Location

Judge

Bar no.

If you choose to attend this hearing and you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

USE NOTE: This order and notice must be sent to the persons prescribed in MCR 5.125(A)(8), (C)(19), and (C)(25) in accordance with MCR 5.109(1). A copy of the order and notice must also be mailed to the guardian by first-class mail. If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.